

Case Number:	CM15-0014737		
Date Assigned:	02/02/2015	Date of Injury:	09/08/2014
Decision Date:	03/27/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59-year-old female who reported an injury on 09/08/2014. The mechanism of injury was not specifically stated. The current diagnosis is partial rotator cuff tear of the left shoulder. A Request for Authorization form was submitted on 01/21/2015 for a platelet rich plasma injection. According to a dictation note on 01/20/2015, the injured worker presented with complaints of left shoulder pain. Previously, the provider had recommended a platelet rich plasma injection. The injured worker had anterolateral shoulder pain with radiation into the forearm. The injured worker did not wish to proceed with a cortisone injection. Therefore, the provider again recommended a platelet rich plasma injection into the left shoulder. There was no physical examination provided on that date. The latest physical examination provided for this review is documented on 11/04/2014 by the requesting provider. Upon examination there was 150 degrees flexion, 120 degrees abduction, 40 degrees external rotation, with internal rotation to L4 with pain, tenderness over the rotator cuff tendon, positive impingement sign, and 4+/5 motor weakness.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Platelet rich plasma (PRP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Platelet-rich plasma (PRP).

Decision rationale: The Official Disability Guidelines state platelet rich plasma injections for the shoulder are currently under study as a solo treatment. Recommendations include platelet rich plasma augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. In this case, there is no indication that this injured worker has a large or massive rotator cuff tear. The injured worker is diagnosed with a partial tear of the rotator cuff. Given the above, the request is not medically appropriate at this time.