

<b>Case Number:</b>	CM15-0019699		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 48 year old female, who sustained an industrial injury on March 6, 2014. She has reported multiple injuries. The diagnoses have included cervical radiculopathy, bilateral shoulder sprain and strain, bilateral wrist sprain and strain, bilateral wrist DeQuervain's tenosynovitis, lumbar radiculopathy, bilateral knee sprain and strain. Treatment to date has included medications, chiropractic treatment, acupuncture, and electrodiagnostic studies. Currently, the IW complains of continued bilateral shoulder pain with radiation down the arms. She rates her pain as a 7/10 for the right shoulder, and 6/10 for the left shoulder. Physical findings reveal tenderness of both shoulder regions. Range of motion is measured as left/right in degrees: flexion 110/75, extension 20/20, abduction 80/70, adduction 20/15, internal rotation 65/35, and external rotation 85/40. She is positive for Neer's impingement sign. On January 7, 2015, Utilization Review non-certified protein rich plasma, based on ODG guidelines. On January 28, 2015, the injured worker submitted an application for IMR for review of protein rich plasma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protein Rich Plasma:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Platelet Rich Plasma

**Decision rationale:** According to the guidelines, Platelet Rich Plasma is under study. For shoulder injuries involving the rotator cuff it does not improve healing. In this case, the claimant had already undergone other forms of intervention that provide more proven benefit such as therapy, medications, acupuncture, etc. Based on the lack of strong evidence for its use, the request for PRP is not medically necessary.