

<b>Case Number:</b>	CM15-0114283		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	10/02/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 56 year old male who reported an industrial injury on 10/2/2014. His diagnoses, and/or impressions, are noted to include: contusion of the right shoulder region; right shoulder and elbow sprain/strain; right shoulder internal derangement; and loss of sleep with insomnia. Recent magnetic imaging studies of the right shoulder were done on 11/7/2014. His treatments have included diagnostic studies (3/20/2015); medication management; and modified work duties. The pain management progress notes of 4/9/2015 reported an initial evaluation and treatment of moderate right shoulder, right elbow and right hip pain, which are aggravated by activities and relieved by rest and medications; and loss of sleep due to pain. Objective findings were noted to include tenderness to the right shoulder and medial and lateral epicondyle areas of the right elbow, that with decreased range-of-motion; and tenderness, with trochanteric bursitis, over the right hip that is with decreased range-of-motion for which 2 topical compound creams were ordered. The progress notes of 4/30/2015 noted no subjective complaints, objective findings or diagnosis, and the physician's requests for treatments were noted to include physical therapy to increase range-of-motion and strength, and anti-inflammatory treatment and growth factor therapy by tissue transfer (platelet rich plasma or PRP).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks (12 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 99.

**Decision rationale:** Page 99 of Ca MTUS states, physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records indicated that he had prior physical therapy visits without documented benefit. Additionally, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit with physical therapy; therefore, the requested service is not medically necessary.

**PRP (Platelet-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, Shoulder (Online Version) Platelet-Rich Plasma (PRP).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 3. Jang, Soo-Jin et al. Platelet-Rich Plasma (PRP) Injections as an Effective Treatment for Early Osteoarthritis European Journal of Orthopaedic Surgery and Traumatology, 2013; 23(5): 573-580.

**Decision rationale:** PRP (Platelet-Rich Plasma) is not medically necessary. PRP is investigational and there is a paucity of medical evidence to support its safety and efficacy. CaMTUS and The ODG does not make a statement on this. Jang et al. (European Journal of Orthopaedic Surgery and Traumatology, 2013) performed a study to analyze the range of cartilage damage and degenerative joint osteoarthritis and determine the duration for the positive effects of platelet-rich plasma (PRP) injection. While intra-articular PRP injection can be used for the treatment of early OA, increasing age, and developing degeneration result in a decreased potential for PRP injection therapy.