

<b>Case Number:</b>	CM15-0114321		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 60-year-old female, who sustained an industrial injury on 3/04/2014. Diagnoses include cervical sprain/strain, cervical degenerative disc disease, cervical radiculopathy, left shoulder labral tear, left shoulder rotator cuff tear, left shoulder AC arthrosis, left shoulder tendinitis, left shoulder bursitis, low back pain, lumbar herniated nucleus pulposus, lumbar spine degenerative disc disease, lumbar facet arthropathy, lumbar radiculopathy, bilateral knee internal derangement, left knee meniscal tear, right knee medial meniscal tear and bilateral knee osteoarthritis. Treatment to date has included medications, physical therapy, chiropractic, acupuncture and extracorporeal shockwave therapy. Per the Primary Treating Physician's Progress Report dated 2/23/2015, the injured worker reported neck pain, left shoulder pain, low back pain and bilateral knee pain. Physical examination of the cervical spine revealed tenderness to palpation of the cervical paraspinal muscles with restricted ranges of motion in all planes. Left shoulder examination revealed tenderness to palpation at the upper trapezius and rhomboids with restricted ranges of motion in all planes. Bilateral shoulder examination showed decreased ranges of motion in all planes. Lumbar spine examination revealed tenderness to palpation of the lumbar paraspinal muscles and over the lumbosacral junction. There were decreased ranges of motion in all planes. Bilateral knee examination revealed reduced flexion bilaterally. The plan of care included, and authorization was requested for a pain management specialist consultation regarding epidural steroid injection and continuation of PRP treatment for the left shoulder and bilateral knees.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Continue PRP Treatment for The Left Shoulder and Bilateral Knees: 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), Shoulder chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Platelet-rich plasma (PRP), <http://www.worklossdatainstitute.verioiponly.com/odgtwc/elbow.htm#Plateletrichplasma>.

**Decision rationale:** According to MTUS guidelines, Platelet-rich plasma (PRP) is "Recommend single injection as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy such as eccentric loading, stretching and strengthening exercises, based on recent research below. This small pilot study found that 15 patients with chronic elbow tendinosis treated with buffered platelet-rich plasma (PRP) showed an 81% improvement in their visual analog pain scores after six months, and concluded that PRP should be considered before surgical intervention. Further evaluation of this novel treatment is warranted. (Mishra, 2006) This review concluded that there is strong pilot-level evidence supporting the use of prolotherapy, polidocanol, autologous whole blood and platelet-rich plasma injections in the treatment of lateral epicondylitis (LE). Rigorous studies of sufficient sample size, assessing these injection therapies using validated clinical, radiological and biomechanical measures, and tissue injury/healing-responsive biomarkers, are needed to determine long-term effectiveness and safety, and whether these techniques can play a definitive role in the management of LE and other tendinopathies. (Rabago, 2009) Using a Gravitational platelet separation system, whole blood can yield platelet-rich plasma. Specially prepared platelets taken from the patient are then re-injected into the tendon of the affected elbow. Platelet-rich plasma contains powerful growth factors that initiate healing in the tendon, but may also send signals to other cells in the body drawing them to the injured area to help in repair. Treatment with PRP is still considered investigational and further research is needed before it can be made available to the general population. According to the author, "The body has an extraordinary ability to heal itself. All we did was speed the process by taking blood from a different area, concentrating it, and putting it back into an area where there was relatively poor blood supply to help repair the damage." Early studies have shown PRP therapy may be useful in maxillofacial surgery, wound healing, microfracture repair, and in the treatment of plantar faciitis. PRP looks promising, but it is not yet ready for prime time. PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. PRP was better than corticosteroid injections in relieving pain and improving function in patients with chronic severe lateral epicondylitis, but the study concluded that PRP should be reserved for the most severe cases since 80% of tennis elbows will be cured spontaneously without doing anything within a year. (AAOS, 2010) There is no clear and recent documentation of failure of first line therapies for managing knees and shoulder pain. There are no controlled studies supporting the benefit and safety for PRP for severe arthritis. Therefore, the request to Continue PRP Treatment for The Left Shoulder and Bilateral Knees is not medically necessary.

**Pain Management Specialist for A Consultation Re: ESI for Lumbar Spine: 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit; however, there is no significant long-term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Pain Management Specialist for A Consultation Re: ESI for Lumbar Spine is not medically necessary.