

Case Number:	CM15-0120965		
Date Assigned:	07/08/2015	Date of Injury:	04/07/2010
Decision Date:	08/12/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/23/2015

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
 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 31 year old male who sustained an industrial injury on 4/7/10. Diagnoses are posterior right labral tear, cervical spine herniated nucleus pulposus with radiculopathy, status post left shoulder arthroscopy, and chronic pain syndrome. In a comprehensive multi-disciplinary pain management evaluation dated 4/20/15, the physician notes continued complaints of pain and that he has been experiencing increased anxiety and depression, becoming more and more frustrated and withdrawn. His pain condition has severely disrupted most aspects of his daily life. He states he does not do anything anymore because of the pain. Current medications are reported as Omeprazole, Norco, Naproxen, Tramadol, Ambien, and Tizanidine, with a plan for weaning. It is noted that he is not a surgical candidate at this time. The recommendation is that he is a good candidate for the Functional Restoration Program. In a progress report dated 5/22/15, a treating physician notes the injured worker is following up regarding bilateral shoulders. He complains of persistent pain rated at 8/10 and popping. The treatment plan is a home exercise program and platelet rich plasma injection- shoulder. Previous treatment includes physical therapy, 2 facet ablations, cortisosteroid injection to the right shoulder, Norco, Anaprox, Fexmid, Prilosec, Topamax, Flurbiprofen cream, chiropractics, home exercise program, and 3 shoulder surgeries -2 on the right and 1 on the left. The requested treatment is Platelet Rich Plasma injection, x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP Injection x1: 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 Official Disability Guidelines (ODG) Shoulder Chapter under Platelet-rich plasma.

Decision rationale: Based on the 05/22/15 progress report provided by treating physician, the patient presents with pain to the shoulders. The patient is status post 3 shoulder surgeries, 2 on the right and 1 on the left. Right shoulder arthroscopic surgery done on May 2012. The request is for PRP INJECTION X1. Patient's diagnosis on 05/22/15 includes rotator cuff syndrome of shoulder and allied disorders. Physical examination to the shoulders on 05/22/15 revealed positive Impingement and Speed's tests on the left. Treatment to date included surgeries, imaging studies, physical therapy, cortisosteroid injection to the right shoulder, chiropractic, home exercise program and medications. Patient's medications include Norco, Anaprox, Fexmid, Prilosec, Topamax, and Flurbiprofen cream. Work status not available. Regarding platelet-rich plasma injections, MTUS and ACOEM Guidelines do not address this request. ODG Guidelines, Shoulder Chapter under Platelet-rich plasma states: "under study as a solo treatment. Recommended PRP augmentation as an option in conjunction with arthroscopic repair for large and massive rotator cuff tears. PRP looks promising, but it may not be ready for primetime as a solo treatment." Per 05/22/15 report, treater states "the patient will complete his active release therapy. I do feel that the patient would benefit from PRP injections to his shoulders. I do not believe he will need additional surgery for either of his shoulders." There is no indication that the patient has received prior PRP injections. In this case, PRP will not be performed "in conjunction with arthroscopic repair for large and massive rotator cuff tears," as indicated by ODG. Furthermore, while this patient does present with chronic pain, such therapies are still under investigation, and not yet supported by guidelines as appropriate standard medical interventions. Therefore, this request IS NOT medically necessary.