

Case Number:	CM15-0121579		
Date Assigned:	07/02/2015	Date of Injury:	12/08/2006
Decision Date:	07/31/2015	UR Denial Date:	06/11/2015
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: North Carolina

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 65 year old female, who sustained an industrial injury on 12/08/2006. A Comprehensive Agreed Medical Examination (3/30/2015) referenced multiple claim and injury dates prior to 2006. The injured worker was diagnosed as having impingement syndrome right shoulder and status post left shoulder arthroscopic surgery. Treatment to date has included diagnostics, cortisone injections, stellate ganglion injection, and medications. Several documents within the submitted medical records were difficult to decipher. Currently, the injured worker complains of no change in symptoms to her both shoulders, both elbows, neck, and bilateral wrists/hands/fingers. She was unable to perform activities of daily living and she reported that shoulders locked at times. Exam noted limited motion in both shoulders, positive drop arm test on the right, positive impingement on the left, and right shoulder weakness at 4/5. The treatment plan included PRP (platelet rich plasma) injections to bilateral shoulders under ultrasound guidance. She was retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

**PRP (platelet rich plasma) Injection under Ultrasound needle guidance,
Bilateral Shoulders: 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 chapter - Platelet rich plasma.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, shoulder chapter, PRP.

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. The ODG states PRP is under study for treatment as a solo treatment option. It is recommended as augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. Review of the provided clinical documentation does not meet these criteria and the request is not medically necessary.