

Case Number:	CM15-0122065		
Date Assigned:	07/06/2015	Date of Injury:	08/19/2010
Decision Date:	08/05/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/24/2015

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 44 year old male, who sustained an industrial injury on 8/19/10. Initial complaints were not reviewed. The injured worker was diagnosed as having musculotendinoligamentous injury left shoulder; impingement syndrome left shoulder; acromioclavicular sprain strain left; adjustment reaction with anxiety secondary to chronic pain and disability; chronic pain and disability with delayed functional recovery; shoulder scapula-thoracic musculo-tendinous injury left/adhesive capsulitis frozen shoulder left; bicipital tenosynovitis left shoulder; insomnia; shoulder arthroscopy; tendinoligamentous injury ankle (resolved). Treatment to date has included physical therapy; TENS unit; medications. Diagnostics studies included MR Arthrogram left shoulder (4/13/15). Currently, the PR-2 notes dated 5/14/15 indicated the injured worker complains of his left shoulder and right foot pain and the level of pain has remained unchanged since his last visit. He rates his pain as 7/10; he is taking his medications as prescribed and the medications are helping. He has returned to modified work duties. He reports his mobility is fair; his mood is good and quality of sleep is poor. He reports he is tolerating his medications and home exercise. He uses a TENS unit and swimming. He has a MRI of the left shoulder; MR Arthrogram and x-rays of the left shoulder. He needs a 2 months' supply of medications because he has difficulty getting to the office due to work. He still has left shoulder pain especially when elevating his arm and cannot elevate past 90 degrees due to pain. He has full range of motion prior to surgery. The MRI Arthrogram left shoulder dated 4/13/15 impression documents: undersurface partial tearing of the rotator cuff with delaminating component occurring at the merging of the supraspinatus and infraspinatus

fibers. Currently, however, a full-thickness tear, retraction or atrophy is not noted. The report continues with tear of the labrum involving the posterior and posterior inferior labrum. SLAP type 1-2 tear of the superior labrum and mild acromioclavicular osteoarthritis. The provider is requesting authorization of Platelet Rich Plasma to left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet Rich Plasma to Left Shoulder: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter and pg 27.

Decision rationale: According to the guidelines, PRP injections are under study. Although there is partial tearing of the rotator cuff, patients who have undergone PRP had no differences in residual defects on MRI. Rich plasma did not help patients recover from arthroscopic rotator cuff surgery in this study. Platelet-rich fibrin matrix (PRFM) applied to the site of rotator cuff tendon repair does not improve healing, and in fact might impair it. The claimant is undergoing therapy and exercise along with medications, which has more proven benefit. The request for PRP is not medically necessary.