

<b>Case Number:</b>	CM15-0125052		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	04/03/2014
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 25 year old male, who sustained an industrial injury on April 3, 2014. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as status post bilateral shoulder labral repair, left shoulder labral re-tear and right rotator cuff strain and joint synovitis. Treatment to date has included surgery, diagnostic studies, physical therapy, heat and ice application, massage and a transcutaneous electrical nerve stimulation unit. On April 27, 2015, the injured worker complained of dull and sharp right shoulder pain related to increased activity. The pain was noted to be rated as a 2-7 on a 1-10 pain scale and unchanged since a prior exam. He also reported repetitive clicking motions with movement of his shoulder. Physical examination revealed full range of motion and 5/5 rotator cuff strength. He had full joint stability. There was a positive O'Brien's test on the left and right side. Recommendations included a series of three bilateral glenohumeral joint Orthovise injections and one platelet rich plasma injection for both shoulders. On June 17, 2015 Utilization Review non-certified the request for platelet rich plasma injection x 1 under ultrasound guidance to bilateral shoulders, citing the Official Disability Guidelines and alternate guidelines referenced.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet rich plasma injection times 1 under ultrasound 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 (ODG) Shoulder (updated 05/04/15) - Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-Platelet-rich plasma (PRP).

**Decision rationale:** Platelet rich plasma injection times 1 under ultrasound guidance bilateral shoulders are not medically necessary per the ODG Guidelines. The MTUS does not address this request. The ODG states that platelet rich plasma injections are under study as a solo treatment. The ODG recommends PRP augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. The documentation does not reveal extenuating circumstances which would necessitate a PRP injection under ultrasound for both shoulders as this procedure continues to be under study per the ODG. The request is not medically necessary.

**Orthovisc injections times 3 under ultrasound guidance bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG Shoulder (updated 05/04/15) - Online Version; <http://www.ncbi.nlm.nih.gov/pubmed/23698243>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-Hyaluronic acid injections.

**Decision rationale:** Orthovisc injections times 3 under ultrasound guidance bilateral shoulders are not medically necessary per the ODG Guidelines. The MTUS does not address this issue. The ODG states that these injections are not recommended, based on recent research in the shoulder. This was formerly under study as an option for glenohumeral joint osteoarthritis, but not recommended for rotator cuff tear or adhesive capsulitis. The osteoarthritis recommendation was downgraded based on recent research. The documentation submitted does not reveal extenuating factors that would necessitate going against guideline recommendations therefore this request is not medically necessary.