

<b>Case Number:</b>	CM15-0128279		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	07/06/2014
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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, Pain Management

### 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 46-year-old male who sustained an industrial injury on 7-6-14. Diagnosis is partial rotator cuff tear, right shoulder. In a report dated 4-27-15, the treating physician notes the injured worker is seen for re-evaluation of partially torn rotator cuff, right shoulder. Physical exam notes a positive impingement sign and MRI (8-27-14) evidence of a partial tear. The injured worker is working, but with pain and is not back to full function. The treatment recommendations are surgery for a subacromial decompression and possible rotator cuff repair although it is not completely torn; it is at least 50% or in lieu of surgery does a series of platelet rich plasma injections into the subacromial area where the cuff is, 3 times, 2 weeks apart. He is currently working full duty. The requested treatment is platelet rich plasma injections for the right shoulder 3 times, 2 weeks apart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet rich plasma injection for the right shoulder 3 times 2 weeks apart:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Platelet Rich Plasma.

**Decision rationale:** Regarding the request for platelet rich plasma injection for the shoulder, CA MTUS does not contain criteria for this procedure. ODG states the platelet rich plasma is under study as a solo treatment, but recommended for augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. Within the documentation available for review, there is no indication that the PRP will be utilized in conjunction with arthroscopic repair of a large/massive rotator cuff tear. In the absence of such documentation, the currently requested platelet rich plasma injection for the shoulder is not medically necessary.