

Case Number:	CM15-0175260		
Date Assigned:	09/16/2015	Date of Injury:	12/17/2012
Decision Date:	10/23/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/04/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 51-year-old female, who sustained an industrial-work injury on 12-17-12. She reported initial complaints of neck, lower back, and bilateral shoulder pain due to repetitive type work. The injured worker was diagnosed as having cervicalgia, rule out cervical radiculitis and disc protrusion and lumbago, rule out left lumbar radiculopathy, disc protrusion, and lumbar facet dysfunction. Treatment to date has included medication and diagnostics. MRI of the right shoulder results were reported on 10-13-14 that demonstrated partial tear along the posterior aspect of the supraspinatus tendon, at the level of the insertion on the greater tuberosity at the articular surface, measuring 3 mm x 4 mm and also supraspinatus tendinopathy, infraspinatus tendinopathy, mild to moderate hypertrophy of the AC (acromioclavicular) joint, and consistent with degenerative changes, mild lateral downsloping of the acromion, which abuts the junction of the supraspinatus and infraspinatus tendons, mild amount of fluid within the subacromial-subdeltoid bursa, and subchondral cysts within the humeral head. Currently, the injured worker complains of neck pain radiating to bilateral shoulders, worse on the left side. She is currently working under light duty. She is also having trouble with sleep, psychological problems, headaches, dizziness, loss of balance, and a metabolic disorder. Per the primary physician's progress report (PR-2) on 6-23-15, there is tenderness to touch in bilateral lumbar paraspinal muscles and lumbosacral area, worse on the left side. Straight leg raise is positive at 40 degrees. Cervical spine exam notes tenderness to touch in the paraspinal muscles, worse on the left and tenderness to upper trapezius muscles. Current plan of care includes, but is not limited to, right shoulder arthroscopy and platelet rich plasma. The Request for Authorization

requested service to include Platelet rich plasma and Post-operative physical therapy for right shoulder 24 sessions. The Utilization Review on 8-5-15 denied the request for platelet rich plasma per ODG (Official Disability Guidelines) that requests that platelet rich plasma is an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. Post op physical therapy 24 sessions was not medically necessary but 12 sessions are medically necessary, per the CA MTUS (California Medical Treatment Utilization Schedule) due to support of 12 initial post-op sessions and therefore partially supported and medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The results of platelet-rich plasma (PRP) in shoulder surgery are limited and controversial. In this RCT, adding PRP to shoulder DJD or shoulder surgery did not lead to a substantial improvement. The expense of using PRP cannot be justified until statistical significance can be reached in a larger study. ODG guidelines do not demonstrate support for PRP for shoulder surgery. The medical records provided for review do not indicate extenuating circumstances in support of the procedure despite the ODG guidelines. The request is not medically necessary.

Post operative physical therapy for right shoulder 24 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The medical records report pain in the shoulder with plan for surgery but do not document specific functional goals for 24 physical therapy visits. MTUS supports PT for identified goals up to 12 visits for shoulder surgery. As the medical records do not support specific goals of therapy and do not indicate rationale for needing additional visits beyond those supported by MTUS, the medical records do not support a medical necessity for 24 visits of PT.