

Case Number:	CM15-0061751		
Date Assigned:	04/07/2015	Date of Injury:	07/03/2001
Decision Date:	05/06/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/01/2015

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: Massachusetts

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 49 year old female, who sustained an industrial injury on 7/3/01. The initial complaints were not listed in the submitted documentation. The injured worker was diagnosed as having cervical discopathy with disc displacement; cervical radiculopathy; lumbar discopathy with disc displacement; lumbar radiculopathy; right shoulder impingement syndrome; mood disorder; sacroiliac arthropathy. Treatment to date has included medications. Currently, the PR-2 notes dated 2/23/15 indicate the injured worker continue to complain of persistent right shoulder, pain radiating to the right side of the cervical spine. She also complains of right wrist and hand pain along with low back pain radiating to the right leg with numbness and tingling. The injured worker also complains of bilateral sacroiliac joint pain. Medications and compound creams are noted as helpful in alleviating some of the pain. Medications currently prescribed: Nalfon, Paxil, Prilosec, Ultram ER and Norco as well as 30gm and 120 mg Flurbiprofen 25% Menthol 10% Canphor 3% Capsacian 0.0375% topical cream. The treatment plan is to continue current medications. The provider is requesting 3 right shoulder PRP injections with additional bilateral sacroiliac joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 right shoulder PRP injections with additional bilateral sacroiliac joint injections: 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 and Lumbar Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Shoulder (Acute & Chronic), Platelet-rich plasma (PRP) (2) Hip & Pelvis (Acute & Chronic), Platelet-rich plasma (PRP).

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for right shoulder and bilateral sacroiliac joint pain. Platelet-rich plasma (PRP) injection for the shoulder and hip / pelvis are under study as a solo treatment. For the shoulder, it can be recommended as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. In this case, no surgery is being planned. In terms of the sacroiliac joint, its use is considered investigational / experimental. Therefore, the requested injections are not medically necessary.