MAXIMUS Federal Services

| Case Number: | CM15-0071298 | | |
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| Date Assigned: | 04/21/2015 | Date of Injury: | 02/07/2004 |
| Decision Date: | 06/17/2015 | UR Denial Date: | 03/20/2015 |
| Priority: | Standard | Application Received: | 04/14/2015 |

## 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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 (IW) is a 56-year-old male who sustained an industrial injury on 02/07/2004. Diagnoses include cervical spondylosis without myelopathy, opioid dependence-continuous, unspecified disorders of the bursae and tendons of the shoulder region, medial epicondylitis of the elbow, cervical spine stenosis and unspecified myalgia and myositis. Treatment to date has included medications, physical therapy, nerve injections and epidural injections, surgeries and cognitive behavioral psychotherapy. Diagnostics included an MRA, MRIs and electrodiagnostic testing. According to the progress notes dated 3/17/15, the IW reported bilateral shoulder, elbow and wrist pain as well as lower back pain with bilateral lower extremity pain. A right shoulder platelet rich plasma injection under ultrasound guidance was performed on 2/24/15. A request was made for a right shoulder platelet rich plasma injection under ultrasound guidance; pre- operative labs: complete blood count (CBC), comprehensive metabolic panel (CMP), prothrombin time (PT), partial prothrombin time (PTT), international normalized ratio (INR) were also requested in anticipation of intrathecal pain pump implantation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One right shoulder platelet rich plasma injection under ultrasound guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder platelet rich plasma.

**Decision rationale:** The patient presents with pain affecting the neck, bilateral shoulders, elbows, and wrists. The current request is for one right shoulder platelet rich plasma injection under ultrasound guidance. The treating physician states, "MD continues to request U/S guided injection PRP to right shoulder." (108B) The ODG guidelines states that PRP is under study as a solo treatment. ODG goes on to state, "Recommend PRP augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears." In this case, the treating physician has not documented that the patient has a rotator cuff tear and the ODG guidelines only recommend this injection if that patient has a rotator cuff tear and is used in conjunction with arthroscopic repair for large to massive rotator cuff tears. There is no evidence of any surgery that is proposed or authorized and ODG states, "PRP looks promising, but it may not be ready for prime time as a solo treatment." The current request is not medically necessary and the recommendation is for denial.

**Pre-operative lab words (CBC, CMP, PT, PPT, Internaltional normalised ration):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Low Back chapter: Preoperative lab testing.

**Decision rationale:** The patient presents with pain affecting the neck, bilateral shoulders, elbows, and wrists. The current request is for Pre-operative lab words (CBC, CMP, PT, PPT, international normalized ration). The treating physician states, "MD requesting Pre-Op labs for CMP, CBC with differential/ platelet, PT and PTT activated, INR for Medtronic Intrathecal Pain Pump Trail." (107B). The ODG guidelines do recommend pre-operative lab testing with criteria outlined in the ODG met and state, "A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated." In this case, the treating physician has documented that the patient is going to receive an Intrathecal pump, which has been approved by the utilization review and would like the patient to receive lab work as a precaution before going into surgery for the pump. The current request is medically necessary and the recommendation is for authorization.