

Case Number:	CM15-0073926		
Date Assigned:	04/24/2015	Date of Injury:	10/10/2013
Decision Date:	05/26/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/17/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 33 year old male, who sustained an industrial injury on 10/10/2013. The mechanism of injury was not noted. The injured worker was diagnosed as having osteoarthritis, unspecified whether generalized or localized, right shoulder. Treatment to date has included diagnostics, right shoulder surgery 4/10/2014, physical therapy, corticosteroid injections, and medications. Currently, the injured worker complains of right shoulder pain and decreased range of motion. He recently completed a course of Supartz injections with moderate benefit. Medication use included Naproxen. The treatment plan included two PRP (platelet rich plasma) injections to his right shoulder, two 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 (Proc) for the right shoulder, 2 injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-204.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder; Platlet Rich Plasma.

Decision rationale: Regarding Platelet Rich Plasma, MTUS is silent, but ODG states the following: "Under study as a solo treatment. Recommend PRP augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. (Jo, 2013) PRP looks promising, but it may not be ready for prime time as a solo treatment. PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. In a blinded, prospective, randomized trial of PRP vs placebo in patients undergoing surgery to repair a torn rotator cuff, there was no difference in pain relief or in function. The only thing that was significantly different was the time it took to do the repair; it was longer if you put PRP in the joint. There were also no differences in residual defects on MRI. (AAOS, 2010) Platelet-rich plasma did not help patients recover from arthroscopic rotator cuff surgery in this study. (Jo, 2011) Platelet-rich fibrin matrix (PRFM) applied to the site of rotator cuff tendon repair does not improve healing, and in fact might impair it. There was a significantly higher failure rate in the PRFM group than in the control group for double-row/transosseous-equivalent repairs at 12 weeks. The PRFM used in the study was the Cascade Autologous Platelet System. (Rodeo, 2012) Recent research: According to this RCT, autologous platelet-rich plasma injections for rotator cuff disease led to a progressive reduction in the pain and disability when compared to dry needling, and the benefit was still present at six months after treatment. (Rha, 2013) This study explored the efficacy of PRP injections in the wheelchair population with biceps tendon pathology, and found a significant effect of PRP using standardized measures compared to the opposite extremity as a control, with convincing data on the overall positive effect of PRP in the treatment of biceps tendinopathy. (Ibrahim, 2013) The application of PRP during surgery for large to massive rotator cuff repairs significantly improved structural outcomes, as evidenced by a decreased retear rate and increased cross-sectional area of the supraspinatus compared with repairs without PRP augmentation. The retear rate of the PRP group (20.0%) was significantly lower than that of the conventional group (55.6%). (Jo, 2013)" The employee has had steroid injections before but there is insufficient documentation to show there was failure of this therapy or if there was improvement. There is no plan outlined in the notes of how PRP injections fit into the overall treatment for the employee's shoulder. The employee does not have a large rotator cuff tear, but instead has osteoarthritis. Therefore, the request is not medically necessary.