

<b>Case Number:</b>	CM15-0091709		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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:

This is a 32-year-old male with a September 20, 2013 date of injury. A progress note dated April 1, 2015 documents subjective findings (frequent right shoulder pain (4-6) radiates to right arm; feel better after injection of right shoulder; constant right elbow pain; constant right wrist/hand pain (3-5) tingling and numbness), objective findings (tenderness to right elbow, medial epicondyle; positive Tinel's sign of the right elbow), and current diagnoses (ulnar nerve lesion; carpal tunnel syndrome, other affections of the shoulder region, not elsewhere classified).

Treatments to date have included injections, magnetic resonance imaging of the right shoulder, acupuncture, and medications. The treating physician documented a plan of care that included a platelet rich plasma injection to the right elbow/shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRP injection to the right elbow/shoulder:** 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 patient has been approved for arthroscopic repair of a large or massive rotator cuff tear. In the absence of such documentation, the currently requested platelet rich plasma injection for the shoulder is not medically necessary.