

Case Number:	CM15-0092296		
Date Assigned:	05/18/2015	Date of Injury:	05/30/2008
Decision Date:	08/18/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/13/2015

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: New York
 Certification(s)/Specialty: Internal 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 58 year old male, who sustained an industrial injury on May 30, 2008. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having left upper extremity complex regional pain syndrome, left upper extremity pain, trigger finger left hand, depression/anxiety secondary to chronic pain and left shoulder pain. Treatment to date has included psychiatric treatment, diagnostic studies and medications. On March 26, 2015, the injured worker complained of moderate to severe pain in his upper extremity. He was noted to still be dependent on his medications. His pain level was rated as a 10 on a 1-10 pain scale without medications. He reported having difficulty performing activities of daily living due to pain. The treatment plan included medications and platelet rich plasma injection left shoulder. On April 17, 2015, Utilization Review non-certified the request for platelet rich plasma injection to the left shoulder, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injection to the left shoulder: Upheld

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

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

Decision rationale: According to the ODG, platelet rich plasma (PRP) is under study as a solo treatment. PRP is recommended as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. PRP has become popular among professional athletes because it promises to enhance performance, but there is no current science behind it. 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 difference was the time it took to do the repair; it was longer if PRP was placed in the joint. There were also no differences in residual defects on MRI. In this case the patient has severe impingement with severe arthritis of the shoulder. There is no indication for treatment with PRP in this case. Medical necessity for the requested item is not established. The requested item is not medically necessary.