

Prime 400 LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/30/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Shoulder Platelet Rich Plasma Injection

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines

Adverse determination letter 02/24/12

Adverse determination letter 03/09/12

Pre-certification request appeal

Clinic notes DO 02/14/12 and 01/12/12

MRI right shoulder 01/03/12

Office notes MD 01/31/06-11/10/09

Pre-authorization determination letter 01/09/12

PATIENT CLINICAL HISTORY SUMMARY

The injured worker is a female who was injured on xx/xx/xx. She was removing a stretcher from an ambulance with a patient on it. She complains of right shoulder pain. MRI dated 01/03/12 revealed intermediate grade partial thickness tear within the cuff laterally, about 1.5cmx9mm anteriorly. Small joint effusion is present. There is tendinitis and peritendinitis, as well as AC arthropathy, mild medial and lateral arch narrowing and likely labral injury. The injured worker was referred for physical therapy. She was recommended to undergo platelet rich plasma injection.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

This injured worker sustained a lifting injury to the right shoulder while removing a stretcher from an ambulance with a patient on it. There is no comprehensive history of conservative treatment, although the injured worker is noted to have participated in physical therapy. There is no indication that a trial of corticosteroid injections for the shoulder has been attempted. Current evidence based guidelines do not support the use of platelet rich plasma injections for the shoulder as there is no science behind it yet. As noted on previous review,

in a blinded prospective randomized trial of PRP versus placebo in patients undergoing surgery to repair a torn rotator cuff, there is no difference in pain relief or in function. The only thing significantly different was the time it took to do the repair as it took longer if you put PRP in the joint. Therefore, the reviewer finds the proposed Right Shoulder Platelet Rich Plasma Injection is not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)