

Case Number:	CM13-0011183		
Date Assigned:	12/18/2013	Date of Injury:	04/23/2012
Decision Date:	03/10/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old female who reported an injury on 4/23/12. The patient is currently diagnosed with right 1st, 2nd, and 3rd MCP sprains. The patient was seen by [REDACTED] on 6/25/13. Physical examination revealed slight fullness over the right dorsal 1st webspace and thumb, moderate focal tenderness over the right 3rd MCP joint in the ulnar region, moderate tenderness over the right dorsal aspect of the 2nd MCP joint and right 1st MCP joint, and intact sensation with 5/5 motor strength. Treatment recommendations included taping with occasional splinting, Lidoderm patches, and a trial of prolotherapy injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for six prolotherapy injections to the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99-100.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99-100. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Prolotherapy has been investigated as a treatment of various etiologies of pain, including arthritis, degenerative disc disease, fibromyalgia, tendinitis, and plantar fasciitis. In all studies, the effects of prolotherapy did not significantly exceed placebo effects. As per the

documentation submitted, there is no evidence of an exhaustion of previous conservative treatment, including medications and physical methods. As guidelines do not recommend prolotherapy, the current request is not medically appropriate. Therefore, the request is non-certified.