

<b>Case Number:</b>	CM14-0104593		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Ohio. 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/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 injured worker is a 40-year-old male who sustained injuries to his neck, both shoulders, and low back on November 1, 2012. The diagnoses include displacement of cervical intervertebral disc, cervical facet hypertrophy syndrome, and lumbar facet hypertrophy with bilateral foraminal stenosis from L2-S1, degeneration of the lumbar intervertebral disc, lumbar spinal stenosis, and a disorder of the bursa/tendons of both shoulders. He has received 3 epidural steroid injections to the cervical spine, facet blocks to 3 levels in the cervical spine region, and 2 epidural steroid injections to the lumbar spine. He has been taking Naproxen, Ultracet, Cyclobenzaprine, and topical anti-inflammatories. He has been complaining of neck pain radiating to both shoulders with numbness and tingling in the arms, low back pain, and headaches. The physical exam reveals non-specific tenderness to both shoulders with normal range of motion, normal sensation and reflexes in the upper extremities, normal cervical range of motion, a positive Kemp's test bilaterally, tenderness to palpation of the lumbar paraspinal musculature, and negative straight leg raise testing bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prolotherapy injection bilateral 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, Prolotherapy

**Decision rationale:** Prolotherapy describes a procedure for strengthening lax ligaments by injecting proliferating agents/sclerosing solutions directly into torn or stretched ligaments or tendons or into a joint or adjacent structure to create scar tissue in an effort to stabilize a joint. Agents used with prolotherapy have included zinc sulfate, psyllium seed oil, combinations of dextrose, glycerin and phenol, or dextrose alone. "Proliferatives" act to promote tissue repair or growth by prompting release of growth factors, such as cytokines, or increasing the effectiveness of existing circulating growth factors. 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. There are no published studies for use for the rotator cuff or in the shoulder and the Official Disability Guidelines do not recommend prolotherapy for the shoulder. Therefore, prolotherapy injections to the bilateral shoulders are medically unnecessary.

**Physical therapy (no frequency/duration) for the bilateral shoulder/cervical:** 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), Preface, Physical Therapy Guidelines

**Decision rationale:** The Official Disability Guidelines state that in general: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); and (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this instance, whether physical therapy has already occurred or not and the response to any such treatment cannot be ascertained from the information provided. Therefore, it cannot be known if a six visit trial has occurred and what kind of treatment response may or may not have resulted. Therefore, based on the available information, an unspecified number of physical therapy visits for the shoulders and cervical region is not medically necessary.