MAXIMUS Federal Services

Case Number:	CM14-0116821		
Date Assigned:	08/06/2014	Date of Injury:	02/18/2007
Decision Date:	12/11/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/25/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This 51 year-old patient sustained an injury on 2/18/07 from being thrown from a horse while employed. Request(s) under consideration include prolotherapy injection to left shoulder-glenohumeral ligament. Diagnoses include cervical radiculopathy; shoulder impingement; glenohumeral ligament laxity and shoulder pain status post (s/p) surgery. The patient is s/p left shoulder arthroscopic decompression with history of tendinitis. Conservative care has included medications, therapy, and modified activities/rest. Medications list Hydrocodone, Cyclobenzaprine, Omeprazole, Vicodin, Flexeril, and sleeping pills. Report of 6/16/14 from the provider noted patient with chronic ongoing shoulder and neck symptoms with associated numbness and paresthesias. Exam of shoulder showed positive Spurling's, decreased sensation in left upper extremity; tenderness at biceps tendong; and positive Hawkin's, O'Brien testing. The request(s) for prolotherapy injection to left shoulder-glenohumeral ligament was non-certified on 7/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prolotherapy injection to left shoulder-glenohumeral ligament: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Pain (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Prolotherapy, page 824, Shoulder, Prolotherapy, pages 933-934

Decision rationale: Guidelines state prolotherapy, also known as sclerotherapy, is not recommended as there are no published studies for use in the shoulder or in diagnosis involving rotator cuff. There are conflicting studies concerning the effectiveness of prolotherapy and lasting functional improvement has not been shown. Prolotherapy involves injecting proliferating agents/sclerosing solutions (e.g zinc sulfate, psyllium seed oil, combinations of dextrose, glycerine and phenol, or dextrose) directly into torn, stretched ligaments or tendons as well as into a joint or adjacent structures to create scar tissue in an effort to stabilize a joint and strengthening lax ligaments. "Proliferatives" then act to promote tissue repair or growth by prompting release of growth factors, such as cytokines, 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; however, in all studies the effects of prolotherapy did not significantly exceed placebo effects. Additionally, the injections are invasive, may be painful to the patient, and are not generally accepted or widely used. Therefore, using prolotherapy for pain management is not recommended. Submitted reports have not adequately demonstrated indication, clinical findings, or extenuating circumstances to support prolotherapy treatment outside guidelines. Therefore, this request is not medically necessary.