

Case Number:	CM14-0127103		
Date Assigned:	08/13/2014	Date of Injury:	05/02/2013
Decision Date:	10/01/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/11/2014

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 Practice and is licensed to practice in Texas and Mississippi. 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 60-year-old male who reported an injury on 05/02/2013 due to a slip and fall. The injured worker reportedly sustained an injury to his cervical spine and low back. The injured worker's treatment history included physical therapy and medications. The injured worker was evaluated on 07/21/2014 and it was documented the injured worker complained of headache, neck, left shoulder, and low back pain. He reported pain into his legs which was getting worse. The medications were provided some relief of pain. Physical examination revealed straight leg raising and Patrick's test was noted to be positive. Facet loading and Spurling's test were positive. Sensation was decreased to light touch in the right lower extremity. Strength testing was within normal limits. There was tenderness to palpation noted over the cervical paraspinal musculatures, upper trapezius muscles, scapular border, lumbar paraspinal musculatures, sacroiliac joint region and bilateral greater trochanteric bursa. O'Brien's test was positive on the left shoulder. The Request for Authorization was not submitted for this review. Diagnoses included cervicalgia, cervical radiculopathy, cervical disc protrusion, lumbar radiculopathy, lumbar facet dysfunction, anxiety, hip pain with degenerative joint disease and bursitis, chronic pain syndrome, opioid dependence, and left shoulder pain with glenohumeral ligament laxity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prolotherapy Injections. Bilateral Hips and Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 3rd Edition 2010 Hip Groin Chapter Official Disability Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Viscosupplementation.

Decision rationale: The request for Prolotherapy Injections for bilateral hips and left shoulder is not medically necessary. MTUS/ ACEOM recommend injections for impingement syndrome. Official Disability Guidelines (ODG) does not recommend prolotherapy for the bilateral hips for acute, sub-acute, or chronic hip pain because of the insufficient evidence. There are no quality studies on prolotherapy for hip pain. Prolotherapy is not recommended for shoulder osteoarthritis. According to the results of the first RCT of this therapy for the hip, a single intraarticular injection of hyaluronic acid (HA) was no more effective than placebo in treating the symptoms of hip osteoarthritis (OA). Despite some promising results, some questions still remain about prolotherapy with hyaluronic acid in hip osteoarthritis. Intra-capsular acid salts, or prolotherapy, are an accepted form of treatment for osteoarthritis in the knee. While there is good scientific evidence to support their use, studies have not included patients with severe (Grade 4) degenerative changes in the hip. These injections have been considered a therapeutic alternative in patients who have failed non-pharmacological and analgesic treatment, the utility of prolotherapy in severe osteoarthritis of the hip and its efficacy beyond six months is not well known. Since both of these organizations do not recommend prolotherapy, and the request failed to indicate the exact location of the proposed injections, and their intended effect. As such, the request is not medically necessary.