

Case Number:	CM14-0169460		
Date Assigned:	10/17/2014	Date of Injury:	03/29/2014
Decision Date:	11/19/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/14/2014

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, has a subspecialty in Interventional Spine 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:

The injured worker is a 70-year-old male with a date of injury of 03/29/2014. The listed diagnoses per [REDACTED] are: 1. Foot fracture. 2. Instability. According to progress report 09/02/2014, the injured worker presents with a right foot fracture and has been experiencing numbness with shooting pain that radiates into the 4th and 3rd digits on the right foot. Physical examination revealed pain with palpation of the third interspace of the right foot with a palpable mass. There is shooting pain to the 3rd and 4th digits and swelling and edema. The treating physician states that the injured worker has "an impinged nerve and swelling of the nerve due to compensation from the fracture of the first metatarsophalangeal joint and walking on the lateral aspect of the foot." He recommends a series of 6 sclerosing therapy injections to get his nerve under control and avoid surgical intervention. Utilization review denied the request on 09/29/2014. Treatment reports from 06/03/2014 through 09/02/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Series of 6 Alcohol Sclerosing Injections, Right Foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Center for Biotechnology Information

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

Decision rationale: This injured worker presents with right foot fracture with numbness and shooting pain that radiates into the 3rd and 4th digits on the right foot. The treating physician is requesting a series of 6 sclerosing therapy injections to the right foot." For Prolotherapy, the MTUS guidelines page 99, 100 has the following, "Not recommended. Prolotherapy describes a procedure for strengthening lax ligaments by injecting proliferating agents/sclerosing solutions directly into torn or stretched ligaments or tendons or into joint or adjacent structures to create scar tissue in an effort to stabilize a joint." MTUS further states, "In all studies the effects of Prolotherapy did not significantly exceed placebo effects." This injection is not supported by MTUS; therefore, the request for Outpatient Series of 6 Alcohol Sclerosing Injections, Right Foot is not medically necessary.