

<b>Case Number:</b>	CM14-0088361		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Occupational Medicine 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 patient is a 34-year-old male who has submitted a claim for bilateral carpal tunnel syndrome associated with an industrial injury date of May 10, 2012. Medical records from 2012 to 2014 were reviewed. The patient is status post right carpal tunnel release surgery dated February 5, 2014. Progress report dated May 21, 2014 specifies that the patient continues to have pain in the bilateral wrists and hands, right greater than the left. Pain is associated with a constant numbness and tingling sensation. Physical examination reveals weakness in bilateral grip strength, hypersensitivity to light touch, tenderness on palpation on both wrists, positive Finkelstein's test bilaterally, tenderness in the abductor pollicis longus region and bilaterally in the palmar region of the thumb. Treatment to date has included surgery, oral analgesics, physical therapy, home exercise program. Utilization review from June 4, 2014 denied the request for prolotherapy injections because the guidelines do not support sclerotherapy/prolotherapy as it has no proven value and may have harmful effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prolotherapy Injections to Bilateral Wrists.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prolotherapy, Sclerotherapy (Prolotherapy).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prolotherapy, page 100-101 Page(s): 100-101.

**Decision rationale:** Page 100-101 of the CA MTUS Chronic Pain Medical Treatment Guidelines discusses but does not recommend prolotherapy. It 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. In this case, the patient underwent right carpal tunnel release surgery dated February 5, 2014. Post-operatively, the patient continues to have pain in the bilateral wrists and hands. However, the guidelines do not recommend prolotherapy because according to studies done, it has no proven value and considered investigational at this time. There is no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Prolotherapy Injections to Bilateral Wrists is not medically necessary.