

Case Number:	CM14-0091648		
Date Assigned:	07/25/2014	Date of Injury:	05/02/2009
Decision Date:	08/28/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/17/2014

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:

According to the records made available for review, this is a 46-year-old male with a 5/2/09 date of injury. At the time (5/9/14) of request for authorization for Prolotherapy injection 1 times 6, there is documentation of subjective (right foot pain) and objective (significant tension to the lateral aspect of ankle and tenderness with edema over the lateral wall of the calcaneus) findings, current diagnoses (pes cavus deformity, calcaneal varus deformity, hammertoe deformities, right peroneal tendinitis with partial tear, and metatarsalgia), and treatment to date (medications and orthotics).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prolotherapy injection 1 times 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Aetna clinical policy Bulletin.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that prolotherapy is not recommended and that the effects of prolotherapy did not significantly

exceed placebo effects. Therefore, based on guidelines and a review of the evidence, the request for Prolotherapy injection 1 times 6 is not medically necessary.