

<b>Case Number:</b>	CM14-0097663		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/23/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Nevada. 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 records presented for review indicate that this 55-year-old gentleman was reportedly injured on December 23, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 9, 2014, indicates that there are ongoing complaints of right foot pain and swelling. The injured employee is unable to wear shoes for a prolonged period of time. The physical examination demonstrated tenderness on the plantar aspect of the foot. Diagnostic imaging studies objectified soft tissue swelling. Previous treatment includes right foot surgery. New orthotics were recommended as they now need to be different than the ones that were used prior to surgery. A request had been made for alcohol sclerosing injections for the right foot and was not certified in the pre-authorization process on June 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alcohol Scierosing Injections x6 for Right Foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100.

**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, Updated September 10, 2014.

**Decision rationale:** According to the Official Disability Guidelines sclerosing injections, or prolotherapy is not recommended. In all studies, the effects of prolotherapy did not significantly exceed placebo effects. Considering this, this request for alcohol sclerosing injections x 6 for the right foot is not medically necessary.