

Case Number:	CM14-0099733		
Date Assigned:	07/28/2014	Date of Injury:	03/28/2009
Decision Date:	11/21/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/30/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral shoulder and bilateral hand pain reportedly associated with an industrial injury of March 28, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of physical therapy; unspecified amounts of acupuncture; and shoulder corticosteroid injection therapy. In a Utilization Review Report dated June 6, 2014, the claims administrator denied a request for right shoulder prolotherapy injection while approving Norco. The applicant's attorney subsequently appealed. In an October 31, 2013 progress note, the applicant was described as having ongoing complaints of bilateral shoulder pain reportedly associated with cumulative trauma at work. The applicant was not presently working. The applicant had last worked on September 19, 2013, it was acknowledged. The applicant was status post left shoulder subacromial decompression with distal claviclectomy and labral debridement. The applicant had issues with right shoulder acromioclavicular (AC) joint degenerative joint disease. Physical therapy was endorsed. It was stated that the applicant should return to regular duty work "if able." In a May 19, 2014 progress note, the applicant reported ongoing complaints of 7-8/10 bilateral shoulder pain. The applicant had paresthesias about the hands. The applicant was having difficulty sleeping on her shoulder. Norco, a transcutaneous electrical nerve stimulation (TENS) unit, and a right shoulder prolotherapy injection were sought. It was acknowledged that the applicant was status post left shoulder surgery. In an earlier note dated April 17, 2014, the applicant received a right shoulder acromioclavicular joint injection which provided only 20% pain relief. The applicant stated that his left shoulder surgery was 75% successful. The applicant was asked to return to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Prolotherapy Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): <http://www.odg-twc.com>

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

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, prolotherapy, the article at issue, is "not recommended." In this case, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on the article at issue. It was not clearly stated why this particular modality was being selected in face of the unfavorable MTUS position on the same. Therefore, the request is not medically necessary.