

Case Number:	CM14-0047318		
Date Assigned:	07/02/2014	Date of Injury:	06/15/2013
Decision Date:	11/17/2015	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 43 year old female who sustained an industrial injury on 6-15-13. She is working. The medical records indicate that the injured worker is being treated for chronic tendinitis, tendinosis of the right thumb; lateral epicondylitis. She currently (3-12-14) complains of intermittent pain in the radial side of her thumb and wrist with radiation of pain into the radial aspect of the right elbow and with a pain intensity of 1 out of 10 (her pain level from 11-25-13 through 2-27-14 was 3-4 out of 10 and after injection was 1 out of 10 on the right side) she was compensating at work with the left side and now complains of left elbow pain with a pain level of 4 out of 10 on the left. On physical exam there was tenderness over the left and right lateral epicondyle. On 2-17-14 she was treated with injection in the right lateral epicondyle and the right thumb with significant pain relief. She is on Tylenol for pain without benefit per the 3-10-14 note. She had 12 sessions of physical therapy and 12 acupuncture sessions both with temporary pain relief. The request for authorization dated 3-17-14 was for prolotherapy of the right wrist and elbow. On 3-28-14 Utilization Review non-certified the request for prolotherapy injection to the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Prolotherapy Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Prolotherapy.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter and pg 56.

Decision rationale: According to the ODG guidelines, Prolotherapy is under investigation. Corticosteroid injections are recommended for various wrist disorders; however, the use of Dextrose injections to improve function and healing are not recommended at this time. The claimant has tendonitis and has undergone physical therapy and acupuncture which have more proven benefit. The request for Prolotherapy is not medically necessary.