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| <b>Case Number:</b>   | CM15-0194918 |                              |            |
| <b>Date Assigned:</b> | 10/08/2015   | <b>Date of Injury:</b>       | 01/15/2015 |
| <b>Decision Date:</b> | 11/18/2015   | <b>UR Denial Date:</b>       | 09/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/05/2015 |

### 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: North Carolina

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:

This injured worker is a 49 year old male, who sustained an industrial injury on 01-15-2015. The injured worker was diagnosed as having bilateral first carpometacarpal arthralgia with cyst, bilateral forearm fasciitis, bilateral de Quervain's syndrome and bilateral lateral epicondylitis with myofasciitis. On medical records dated 09-09-2015 and 08-05-2015, the subjective complaints were noted as bilateral hand, wrist and forearm pain. Objective findings were noted as moderated focal tenderness over the bilateral first carpometacarpal joints, bilateral median and lateral epicondyle secondary insertions onto the radius and also over the origin of the supinator of the dorsal ulna. Full active range of motion was noted. Deep tendon reflexes were 2 out of 4 throughout both upper extremities. Treatments to date included splint, elbow orthotics, medication, occupation and physical therapy. The injured worker was noted to be on full duty status. Current medications were listed as Diclofenac 3 % and Ibuprofen. The Utilization Review (UR) was dated 09-22-2015. A request for Prolotherapy ligament injections x6 each side was submitted. The UR submitted for this medical review indicated that the request for Prolotherapy ligament injections x6 each side was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prolotherapy ligament injections x6 each side:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Prolotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Prolotherapy.

**Decision rationale:** The California MTUS section on the requested service states: Not recommended. Prolotherapy describes a procedure for strengthening lax ligaments by injecting proliferating agents/sclerosing solutions directly into torn or stretched ligaments or tendons or into a joint or adjacent structures to create scar tissue in an effort to stabilize a joint. Agents used with Prolotherapy have included zinc sulfate, psyllium seed oil, combinations of dextrose, glycerin and phenol, or dextrose alone. "Proliferatives" act to promote tissue repair or growth by prompting release of growth factors, such as cytokines, or increasing the effectiveness of existing circulating growth factors. Prolotherapy 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. The requested service is not recommended and there is no included medical records that would indicate this non-recommended service would be needed over more traditional first line treatments for the patient's hand pain. Therefore the request is not medically necessary.