

<b>Case Number:</b>	CM15-0020391		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: New Jersey

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 59 year old woman sustained an industrial injury on 6/18/2013 after slipping on the stairs and experiencing an inversion injury. Current diagnoses include chronic left ankle pain and status post left ankle ATFL sprain. Treatment has included oral medications and physical therapy. Physician notes dated 1/7/2015 show continued left ankle, low back, right shoulder, neck, and thoracic spine pain. Recommendations include dextrose prolotherapy injection for left ATFL pain under ultrasound guidance. On 1/15/2015, Utilization Review evaluated a prescription for left ATFL prolotherapy under ultrasound guidance, that was submitted on 2/3/2015. The UR physician noted the dependence of the therapeutic effect on the inflammatory response is poorly defined. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Left ATFL prolotherapay under ultrasound guidance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that all types of prolotherapy are not recommended at this time as it is still under study. Prolotherapy injections use proliferatives such as growth factors and may include other ingredients such as zinc sulfate, psyllium seed oil, dextrose, glycerine, and phenol. Some studies so far suggest that prolotherapy does not significantly exceed placebo effects in the treatment of arthritis, degenerative disc disease, fibromyalgia, tendinitis, plantar fasciitis, and other conditions, whereas other studies show some benefit, however, further studies are required. In the case of this worker, there was a request for a left ankle (anterior talofibular ligament) prolotherapy to treat a slow healing ankle sprain. There was no evidence found in the documents which would convince the reviewer that this case was an exception to the Guidelines, which state that the prolotherapy injection is medically unnecessary.