

Case Number:	CM15-0061064		
Date Assigned:	04/07/2015	Date of Injury:	05/10/2012
Decision Date:	05/07/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/31/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 46-year-old male, who sustained an industrial injury on 05/10/2012. Diagnoses include lumbar facet dysfunction, degenerative joint disease, shoulder pain status post-surgery, glenohumeral ligament laxity and left knee pain. Treatment to date has included MRI, physical therapy, medications and home exercise program. Currently, the injured worker complains of shoulder, low back and knee pain. Pain level was rated 8 on a scale of 1-10 with medications and 9 without medications. He was still awaiting treatment for the shoulders and knees. Medication regimen included Lorzone, Celebrex, Lido-derm patch and Capsaicin cream. Treatment plan included authorization request for prolotherapy to the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prolotherapy bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prolotherapy.

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

Decision rationale: The MTUS addresses the use of prolotherapy in chronic pain. The guidelines do not recommend prolotherapy as a treatment modality due to lack of evidence for efficacy. In all studies considered by the MTUS, prolotherapy did not significantly exceed relief in comparison to placebo, and therefore the request for prolotherapy in this case is not considered medically necessary based on the guidelines.