

<b>Case Number:</b>	CM14-0132477		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical Records reflect the claimant is a 43 year old male who sustained a work injury to the right hand and wrist on 5-29-12. The claimant continues with right dorsal wrist pain more than extensor forearm pain. The claimant is currently treated with medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ligament Strengthening Injections/prolotherapy right forearm 2 x 3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines Pain(Chronic) - Prolotherapy Elbow( Acute & Chronic) - Prolotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prolotherapy Page(s): 98-100. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Prolotherapy.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines and ODG reflects that prolotherapy is not recommended. Current medical literature reflects that 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. Based on the records provided, there is no indication that this form of treatment is reasonable or medically indicated, particularly when it is not supported by current evidence based medicine.