

<b>Case Number:</b>	CM13-0029551		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 California. 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:

This 54 year-old female center director at [REDACTED] sustained an injury to the Left ankle and Left knee on 1/13/12 from a slip and fall from a chair when a student grabbed the chair while employed by [REDACTED]. Request under consideration include chiropractic care 12 sessions for the left knee and ankle and acupuncture treatment 6 sessions to the left knee and left ankle. Diagnoses include Left ankle sprain and Left Knee internal derangement. Conservative care has included medications, physical therapy, and acupuncture. Panel QME report of 7/26/13 noted patient with left knee pain, insomnia, and GI symptoms along with light-headedness. The patient has past history of hypertension and diabetes, type I. Past surgical history included kidney transplant in 2011, right foot surgery for Charcot joint, and left knee surgery in 1990 along with hysterectomy 1996 and 2 C-section. Diagnoses include left knee pain; GERD; Stomach pain umbilical area; and insomnia. Brief hand-written report of 3/28/13 noted patient has completed Physical therapy x 12 visits. No exam recorded with treatment plan for meds of Vicodin and modified work. Brief hand-written report of 5/24/13 noted patient with left knee pain. Exam showed positive TTP; swelling. Diagnoses included medial meniscus derangement and ankle sprain. Treatment were to continue with HEP, stretching and bicycling; RTC TENS; dispensed meds of Naproxen, Omeprazole, and Vicodin. The patient was on modified work. Hand-written report of 8/30/13 from the provider noted 25% improvement. Exam noted patella and lateral joint tenderness. The patient remained on modified duty; unclear if working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC CARE 12 SESSIONS FOR THE LEFT KNEE AND ANKLE: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Pages 58-60 Page(s): 58-60.

**Decision rationale:** The MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have been completed. Per medicals reviewed, the patient has received a significant quantity of chiropractic manipulation sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria. The chiropractic care 12 sessions for the left knee and ankle chiropractic manipulation sessions are not medically necessary and appropriate.

**ACUPUNCTURE TREATMENT 6 SESSIONS TO THE LEFT KNEE AND LEFT ANKLE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received at least 4 prior sessions of acupuncture; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The acupuncture treatment 6 sessions to the left knee and left ankle are not medically necessary and appropriate.