

<b>Case Number:</b>	CM13-0042164		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/04/2011
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 54 year old female with an injury date on 11/04/2011. Based on the 09/12/13 progress report provided by [REDACTED], the patient's diagnoses are depression, ongoing right knee pain along the medial joint line and intermittent pain in the left ankle when wearing high heels. There is no noticeable gross deformity in the right knee. She has pain with direct palpation along the medial joint line, a positive bounce home test, an equivocal McMurray's, and a negative anterior/posterior drawer. With valgus stress, she has pain at the insertion of the MCL, however, no excessive varus or valgus instability. No pain with patellofemoral compression, range of motion is -5-130 degrees. As for the left ankle, there are no skin lesions, no swelling, no ulcers or abnormal callosity noted, no tenderness to palpation, and a normal longitudinal arch. The patient has pain with direct palpation along the peroneal tendon as it traverses inferior to the lateral malleolus. This progress report also refers to previous x-ray findings in which the plain films of the right knee demonstrate slight effusion and subsclerotic changes at the medial tibial plateau. The left ankle x-rays are negative with no fractures or tumors. The patient had 8 sessions of Prolo therapy and had 60% relief of her symptoms. [REDACTED] is requesting additional 8 sessions of prolo therapy for the left ankle and the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REQUEST ADDITIONAL PROLEOTHERAPY X 8 VISITS: LEFT ANKLE AND RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Sclerotherapy (Proletherapy) Page(s): 99-100.

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

**Decision rationale:** The patient presents with ongoing right knee pain along the medial joint line and intermittent pain in the left ankle when wearing high heels. The request is for 8 additional prolotherapy sessions for the left ankle and right knee. On a progress note from 08/29/13, it was noted that the patient has previously had 8 prolotherapy sessions where at the beginning of her session, her pain was rated at a 5/10. After a 15 minute treatment, it was reduced to 3/10. MTUS guidelines state that prolotherapy is not recommended as none of the studies looking at its effectiveness showed positive response. Given the lack of support from the MTUS, recommendation is for denial.