

Case Number:	CM14-0149049		
Date Assigned:	09/18/2014	Date of Injury:	06/23/2002
Decision Date:	01/05/2015	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/13/2014

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 Chiropractic 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:

According to the available medical records, this is a 75 year old female with chronic pain in the left ankle and knees; date of injury is 06/23/2002. Previous treatments include medications, bracing, and physical therapy, cortisone injections, and left ankle surgery. Progress report dated 06/18/2014 by the treating doctor revealed patient presented for re-evaluation. Objective findings noted the patient ambulated with a slow guarded gait. Examination of the bilateral knees reveals tenderness to palpation over the medial and lateral joint lines and patellofemoral joints, right side greater than left, patellar compression and grind test are positive bilaterally, McMurray's test elicits increased bilateral knee pain, range of motion (ROM) of the right knee: 95 flexion and 0 extension, ROM of the left knee: 98 flexion and 0 extension, there is patellofemoral crepitus with ROM, and there is grade 4/5 muscle weakness with flexion and extension. Examination of the left ankle revealed healed scar, tenderness to palpation over the lateral ligamentous complex, inversion stress test elicits increased lateral ligamentous complex pain, ROM of the left ankle: 20 degrees extension, 40 flexion, 30 inversion, and 20 eversion. Diagnoses include left knee contusion/strain/sprain, right knee contusion/sprain/strain with, and left ankle sprain/strain with history of muscle repair performed in 2012. Treatment plan include 6 acupuncture visits. The patient is returned to modified work. Progress report dated 07/30/2014 revealed patient complains of bilateral knee pain and left ankle pain, 8-9/10 on pain scale, that increased with prolonged walking, standing and sitting and decreased with rest, home exercise program and acupuncture. Examination of the knees revealed tenderness to palpation over the medial and lateral joint lines, crepitus, positive patellar Grind and compression tests bilaterally, McMurray's test elicits increased pain, grade 4/5 muscle weakness in flexion bilaterally. Examination of the left ankle revealed tenderness to palpation over the lateral

ligament complex, inversion stress test elicits increased lateral ligament complex pain, left ankle ROM: 20 degrees extension, 40 flexion, 30 inversions, and 20 eversion.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture sessions for the left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant presented with chronic knees pain and ankle pain. Previous treatment for the ankle includes medications, injections, bracing, surgery, physical therapy and acupuncture. The claimant has recently completed 6 acupuncture treatments. However, there is no evidence of pain medication reduced and no functional improvement is documented. The claimant still complains of pain level of 8-9/10, physical examination of the left ankle unchanged and work restrictions remained the same. Based on the evidences based guidelines cited, the request for additional 6 acupuncture visits for the left ankle is not medically necessary.