

<b>Case Number:</b>	CM13-0031247		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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.

### 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 52 male who was involved in an altercation on 9/6/2012 injuring his bilateral knees and back. The patient has a right knee arthroscopy on 7/18/13. On 9/13/13 the patient states his knees, shoulders and back hurt while standing sitting or walking. There are negative UDT. There is no evidence of prior acupuncture. The patient had been having post op PT to the right knee, but there is no documentation as to the number of visits, initial post op therapy was requested on 8/19/13, number requested not available. There was an incomplete copy of the UR denial letter in the records. It did not include the rationale for denial or guidelines used.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for Acupuncture 2x a week 4 weeks to bilateral shoulders and L-spine QTY: 8:**  
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:** This treatment is not medically necessary. MTUS acupuncture guidelines page 9 states that acupuncture must show functional improvement within 3-6 visits. The requested 8 visits exceed this number. Therefore it is not medically necessary.

**Physical therapy right knee 2x a week x 4 weeks:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** This treatment is medically necessary. CA MTUS post-surgical guidelines allow for 24 visits over 10 weeks for post op arthroscopy on page 24. As the patient was seen one month before the request with previous PT, he still falls within post-operative window for post-surgical PT. Assuming he had 2-3 sessions of PT per week, he would still have PT available under the guidelines. Therefore the treatment is medically necessary.