

<b>Case Number:</b>	CM13-0031256		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	09/19/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 applicant is a female employee as a crossing guard of the [REDACTED] who filed a claim for a left knee injury occurring on 2/3/12, which required her to receive a total knee replacement on 12/17/12. The applicant diagnosed with left knee osteoarthritis causing sharp, shooting, and constant pain. Unfortunately post-operative the claimant's pain is still at a level of 8/10 and her treating physician is recommending acupuncture after determining her progress has been slow moving and limited. Applicant has had no acupuncture treatments prior. She has been treated with conservative methods, including physical therapy, occupational therapy, seen by orthopedist, X-rays, MRI's, pain medication and anti-inflammatory medications, topical ointments, uses a walker, home exercise program and multiple icing of the knee per day. At the date of the determination, 9/19/13, the claim administrator modified the original request from twelve acupuncture visits to six visits to provide pain relief

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2 X WEEK FOR 6 WEEKS:** Upheld

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

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

**Decision rationale:** The applicant with her current course of treatment has not had great results, functional improvement or benefit to her condition, so an initial course of six acupuncture sessions is certified to perhaps increase her functional improvement. However, the original request of twelve sessions of acupuncture care, based on MTUS, section 9792.24.1.3., exceeds by six visits, therefore these additional sessions as an initial course of therapy is not medically necessary.