

<b>Case Number:</b>	CM14-0146697		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 52 year old male with a date of injury on 10/10/2013. Diagnoses include left knee anterior cruciate rupture, left quadriceps atrophy, and left knee pain. Subjective complaints are of ongoing knee pain. Physical exam showed decreased left knee range of motion, quadriceps atrophy, and positive Lachman's and drawer test. Medications include Naproxen and Prilosec. Submitted records indicate that the patient has not received acupuncture previously. Prior utilization review modified certification for acupuncture to 6 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2-3 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** CA MTUS acupuncture guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, or may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Duration and frequency of acupuncture is 3-6 treatments to produce functional improvement, with extension of treatment if functional improvement is documented, with "functional improvement" meaning a significant

increase in daily activities or reduction in work restrictions, as determined by subjective and objective findings. For this patient, previous acupuncture has not been documented, but the request for 12-18 sessions exceeds guideline recommendations for initial acupuncture therapy. Therefore, the medical necessity for acupuncture is not established.

**Range of Motion Measurement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33.

**Decision rationale:** ACOEM guidelines indicate that examining the musculoskeletal system assesses areas of tenderness, pain, range of motion, or effort. Range of motion testing is routine for office visits and physical exams. While range of motion is indicated, it is not considered a distinct procedure, nor is there rationale for how this modality would benefit the patient. Therefore, the medical necessity for range of motion testing is not established.