

<b>Case Number:</b>	CM14-0120772		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 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 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:

This patient is a 45 year old male who developed persistent cervical, low back and ankle pain subsequent to an injury dated 10/10/11. His cervical pain is the most bothersome and associated with headaches. A Psychiatrist is treating him for bipolar syndrome with the main issue being a persistent mania. At the same time the primary treating physician has diagnosed him with ADHD and he is prescribing stimulants which may exacerbate his mania. There is no documentation of the results of prior physical therapy and what the specific goals are.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 6 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** MTUS Guidelines support the limited use of physical therapy of up to 8-10 sessions for most musculoskeletal conditions. There is a history of prior physical therapy, but the requesting physician does not review this and does not provide any rationale for requesting a repeat course of physical therapy. Without specific documentation of the benefits of prior

therapy and rationale for additional therapy, the request is not consistent with the guidelines. The 6 sessions of physical therapy are not medically necessary.

**Acupuncture 3 to 6 treatments of 1 to 3x per week:** Overturned

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

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

**Decision rationale:** MTUS Guidelines allow a trial of 3-6 sessions of acupuncture for chronic pain. This request is consistent with the guidelines. The request is medically necessary.