

<b>Case Number:</b>	CM13-0050925		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of June 6, 2011. Thus far, the applicant has been treated with analgesic medications, attorney representation, a home health aide, psychological counseling and psychotropic medications. In a utilization review report of November 4, 2013, the claims administrator denied a request for home care assistance, denied a request for gym membership, denied a request for rheumatologic consultation, and denied a request for a psychiatric re-evaluation. In a supplement report of November 22, 2013, the applicant's primary treating provider notes that the applicant consulted her psychiatrist on October 28, 2013 and had ongoing issues with anxiety, impatience, irritability, and tearfulness. The applicant was given a Global Assessment of Functioning (GAF), 90% of which was attributed to the applicant's work, it was stated. The applicant had already been given prescriptions for Cymbalta, a psychotropic medication, and was off of work from a mental health perspective, it was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A ONE YEAR GYM MEMBERSHIP WITH POOL ACCESS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy should be reserved as an optional form of exercise therapy for those applicants in who reduced weight bearing is desirable. In this case, however, there is no mention of reduced weight bearing being desirable. There is no indication that the applicant has a condition or conditions which is limiting her ability to ambulate. It is further noted that the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83 note that, to achieve functional recovery, that applicants must assume certain responsibility, one of which is to adhere to and maintain exercise regimens. Thus, the proposed gym membership being sought by the applicant's primary treating provider, per ACOEM, is an article which is a matter of applicant responsibility as opposed to a matter of payer responsibility. Therefore, the request is not medically necessary, for all of the stated reasons.

**A RHEUMATOLOGY CONSULTATION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** While page 1 of the MTUS Chronic Pain Medical Treatment Guidelines does state that the presence of persistent complaints which prove recalcitrant to conservative treatment should lead a primary treating provider (PTP) to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, however, no rationale for the rheumatology consultation has been provided. The bulk of the information on file pertains to the applicant's mental health issues. There is no mention of any rheumatologic disease process such as rheumatoid arthritis, systemic lupus erythematosus, psoriatic arthropathy, etc. which would make the case for a rheumatology consultation. Again, the bulk of the information on file pertains to the applicant's mental health issues. No rationale for the rheumatology consultation was provided. Accordingly, the request remains not medically necessary, on Independent Medical Review.

**A PSYCHIATRIC RE-EVALUATION:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, the frequency of mental health follow-up visits should be determined by the severity of symptoms and/or whether or not an applicant is missing work. In this case, the applicant is off of work and is using at least one psychotropic medication, Cymbalta. Obtaining a psychiatric re-evaluation is indicated and appropriate. Therefore, the request is medically necessary.