

Case Number:	CM14-0176208		
Date Assigned:	10/28/2014	Date of Injury:	05/13/2011
Decision Date:	12/04/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/22/2014

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 Preventive Medicine; has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 52 year old employee with date of injury of 05/13/2011. Medical records indicate the patient is undergoing treatment for ankle sprain. Subjective complaints include pain in left ankle. Objective findings include MRI negative for mass, findings were likely related to known DVT. Treatment has consisted of lymphedema pump, medications, physical therapy, exercise, psychological evaluation, application of heat and ice and swimming 2-3 times per week, Tylenol 325mg 2 tabs as needed, Coumadin 5mg daily. The utilization review determination was rendered on 09/24/2014 recommending non-certification of Cognitive behavioral therapy QTY: 6 and 6 months membership to [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations and Treatment Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological treatment, Cognitive Behavioral Therapy CBT

Decision rationale: MTUS Pain guidelines and ODG refer to Cognitive Behavioral Psychotherapy as "Recommended for appropriately identified patients during treatment for chronic pain". MTUS details that "Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work." ODG further states that "Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone: - Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)". CA MTUS guidelines recommend four sessions as an initial trial before evidence of functional improvement is needed to justify further sessions. The reviewer modified the request to four sessions. However, the current request is for 6 visits which are in excess of guideline recommendations. As such, the request for Cognitive behavioral therapy QTY: 6 are not medically necessary.

6 months membership to [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, 99. Decision based on Non-MTUS Citation ODG Ankle & Foot (updated 07/29/14) Gym memberships

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym Membership

Decision rationale: The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. ODG states, "gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." The official disability guidelines go on to state "Furthermore, treatment needs to be monitored and administered by medical professionals". The treating physician did not provide documentation of a home exercise program with supervision. Gym memberships are not supported as medical prescriptions in the absence of supervision by medical professionals; therefore the requested pool membership does not meet guidelines. As such, the request for 6 months membership to [REDACTED] is not medically necessary.