

<b>Case Number:</b>	CM15-0181004		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

### 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 injured worker is a male who sustained an industrial injury on August 09, 2010. The worker is being treated for: residual numbness to anterior and posterior left ankle, status post- surgery: arthralgia with nerve entrapment; degenerative joint changes to the left ankle. Subjective: August 05, 2013, "50 % better than before surgery." The worker also expresses concern for weight loss. 03, 2015, April 23, 2015, reported the patient "doing better all the time," as far as pain. His strength is gradually coming back; getting accustomed to orthotics; overall reporting a 70% improvement in pain reduction. Medications: January 16, 2014: prescribed Celebrex. December 03, 2015, April 23, 2015: the worker is noted rejecting an injection. Diagnostics: Radiographic study April 23, 2015, left ankle. Treatments: activity modification, medication, surgery, orthotics, aquatic therapy, physical therapy, DME rocket sock ankle brace. On August 20, 2015 a request was made for a medically supervised weight loss program, pool membership one year, psychological consultation, and cognitive behavioral therapy session that were all noncertified by Utilization Review on August 27, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool membership x 12 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships.

**Decision rationale:** The requested Pool membership x 12 months is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Exercise, Pages 46-47, note that exercise is "Recommended." There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships, note that gym memberships are "Not recommended" as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships, or advanced home exercise equipment may not be covered under this guideline; although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient." Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that aquatic therapy is "Recommended" as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapies (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable; for example extreme obesity. The injured worker is being treated for: residual numbness to anterior and posterior left ankle, status post- surgery: arthralgia with nerve entrapment; degenerative joint changes to the left ankle. Subjective: August 05, 2013, "50 % better than before surgery." The worker also expresses concern for weight loss. 03, 2015, and April 23, 2015, reported the patient "doing better all the time," as far as pain. His strength is gradually coming back; getting accustomed to orthotics; overall reporting a 70% improvement in pain reduction. The treating physician has not documented failed home exercise or specific equipment needs that support the medical necessity for a gym membership. The treating physician has not documented failed land-based therapy nor the patient's inability to tolerate a gravity-resisted therapy program. The treating physician has not documented or monitored attendance nor objective evidence of derived functional benefit from completed gym usage, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Pool membership x 12 months is not medically necessary.

**Cognitive behavioral therapy (CBT) x12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Psychotherapy Guidelines.

**Decision rationale:** The requested Cognitive behavioral therapy (CBT) x12, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Psychological Treatment, Pages 101-102 recommend psych treatment for specifically-identified chronic pain patients, and Official Disability Guidelines (ODG), Pain Chapter, Psychotherapy Guidelines recommend continued psychotherapy beyond a six visit trial with documented derived functional improvement. The injured worker is being treated for: residual numbness to anterior and posterior left ankle, status post- surgery: arthralgia with nerve entrapment; degenerative joint changes to the left ankle. Subjective: August 05, 2013, "50 % better than before surgery." The worker also expresses concern for weight loss. 03, 2015, and April 23, 2015, reported the patient "doing better all the time," as far as pain. His strength is gradually coming back; getting accustomed to orthotics; overall reporting a 70% improvement in pain reduction. The treating physician has not documented objective evidence of derived functional improvement from completed psychotherapy sessions, nor the medical necessity for a current trial of CBT beyond six sessions and then re-evaluation. The criteria noted above not having been met, Cognitive behavioral therapy (CBT) x12 is not medically necessary.

**Psychological consult:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Psychological evaluations.

**Decision rationale:** The requested Psychological consult, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states; "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." Chronic Pain Medical Treatment Guidelines, Psychological Treatment, Pages 101-102, note that psychological treatment is "recommended for appropriately identified patients during the treatment for chronic pain." The injured worker is being treated for: residual numbness to anterior and posterior left ankle, status post- surgery: arthralgia with nerve entrapment; degenerative joint changes to the left ankle. Subjective: August 05, 2013, "50 % better than before surgery." The worker also expresses concern for weight loss. 03, 2015, and April 23, 2015, reported the patient "doing better all the time," as far as pain. His strength is gradually coming back; getting accustomed to orthotics; overall reporting a 70% improvement in pain reduction. The treating physician has not documented current symptoms of depression nor trials of anti-depressant medications. The criteria noted above not having been met, Psychological consult is not medically necessary.