

<b>Case Number:</b>	CM15-0186778		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	09/05/2012
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Preventive Medicine, Occupational 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:

This injured worker is a 36 year old female who reported an industrial injury on 9-5-2012. Her diagnoses, and or impressions, were noted to include: shoulder and upper arm strain; and shoulder pain. No imaging studies were noted. Her treatments were noted to include: right shoulder surgery in Jan., 2013; physical therapy; a sling; a home exercise program; injection therapy; transcutaneous electrical nerve stimulation unit therapy; and medication management. The Functional Restoration Program Integrative Summary Report of 7-27-2015 through 7-30-2015 reported a 32 day treatment program which started on 4-23-2015, and in coordination of her planned transition out of [REDACTED], a 3 month in-office interdisciplinary reassessment, to determine appropriate recommendations and to establish interval measurement of progress, was requested, along with: psychological support for 10 sessions of cognitive behavioral therapy; and the purchase of 1 set of 2 Posltex wedge cushions (20 inch width); the purchase of WorkMod lumbar D-roll (11 inches wide x 4.5 inches tall x 2.5 inches thick; the purchase of a Thera-cane; the purchase of 2 foam rollers (round 6 x 36 inches), for a medical purpose to cure and relieve the effects of her industrial injury, and for which she had already been trained on and demonstrated competencies. Objective findings were noted to include: good participation in groups and better ability to understand the origin of unpleasant emotions associated with chronic pain; a score of 9 on the "BDI-FastScreen" indication depression; that she was more somatically focused and continued her participation in fitness and functional activities; a slow progression possibly due to some memory-cognitive deficits - needing reinforcement to be independent with activities; and substantial functional progress

since her initial evaluation. The physician's requests for treatment were noted to include: 1 visit, 4 hours for reassessment; DME; and 10 cognitive behavioral therapy sessions. No other progress notes were noted in the medical records provided. The Request for Authorization, dated 8-6-2015, was noted for 1 visit, 4 hours for reassessment; DME; and 10 cognitive behavioral therapy sessions was not noted in the medical records provided. The Utilization Review of 8-13-2015 non-certified the requests for: 10 cognitive behavioral therapy sessions - psychological support; the purchase of 1 set of 2 Posltex wedge cushions (20 inch width); the purchase of WorkMod lumbar D-roll (11 inches wide x 4.5 inches tall x 2.5 inches thick); the purchase of a Thera-cane; the purchase of 2 foam rollers (round 6 x 36 inches); and, one 4 hour reassessment visit.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Cognitive Behavioral Therapy (Psychological Support) #10: 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): Behavioral interventions.

**Decision rationale:** The MTUS recommends behavioral interventions be initiated with a trial of 3-4 psychotherapy visits over 2 weeks; with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks may then be authorized. This patient has already completed at least 10 sessions of cognitive behavioral therapy through her functional restoration program. Cognitive Behavioral Therapy (Psychological Support) #10 is not medically necessary.

#### **1 Set Of 2 Posltex Wedge Cushions (20 In. Width) Purchase: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

**Decision rationale:** The MTUS and the Official Disability Guidelines are silent on this issue. According to the Blue Cross Clinical UM Guideline, health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a doctor are not medically necessary. 1 Set Of 2 Posltex Wedge Cushions (20 In. Width). Purchase is not medically necessary.

#### **Workmod Lumbar D-Roll (11 In. Wide X 4.5 In. Tall X 2.5 In. Thick) Purchase: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

**Decision rationale:** The MTUS and the Official Disability Guidelines are silent on this issue. According to the Blue Cross Clinical UM Guideline, health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a doctor are not medically necessary. Workmod Lumbar D-Roll (11 In. Wide X 4.5 In. Tall X 2.5 In. Thick) Purchase is not medically necessary.

**Thera-Cane Purchase:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

**Decision rationale:** According to the Blue Cross Clinical UM Guideline for Durable Medical Equipment, durable medical equipment is considered medically necessary when all of a number of criteria are met including: There is a clinical assessment and associated rationale for the requested DME in the home setting, as evaluated by a physician, licensed physical therapist, occupational therapist, or nurse; and There is documentation substantiating that the DME is clinically appropriate, in terms of type, quantity, frequency, extent, site and duration and is considered effective for the individual's illness, injury or disease; and The documentation supports that the requested DME will restore or facilitate participation in the individual's usual IADL's and life roles. The information should include the individual's diagnosis and other pertinent functional information including, but not limited to, duration of the individual's condition, clinical course (static, progressively worsening, or improving), prognosis, nature and extent of functional limitations, other therapeutic interventions and results, past experience with related items, etc. The medical record does not contain sufficient documentation or address the above criteria. Thera-Cane Purchase is not medically necessary.

**2 Foam Rollers (Round, 6 X 36 In.) Purchase:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

**Decision rationale:** The MTUS and the Official Disability Guidelines are silent on this issue. According to the Blue Cross Clinical UM Guideline, health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a doctor are not medically necessary. 2 Foam Rollers (Round, 6 X 36 In). Purchases are not medically necessary.

**Reassessment 1 Visit, 4 Hours: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

**Decision rationale:** A multi-discipline assessment including a functional capacity evaluation and requiring four hours to complete has been requested. The Official Disability Guidelines state that a functional capacity evaluation is appropriate if, case management is hampered by complex issues, and the timing is appropriate; such as if the patient is close to being at maximum medical improvement or additional clarification concerning the patient's functional capacity is needed. Functional capacity evaluations are not needed if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work. There is no documentation in the medical record to support a functional capacity evaluation based on the above criteria. Reassessment 1 Visit, 4 Hours is not medically necessary.