

<b>Case Number:</b>	CM15-0031580		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	03/17/2008
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 45 year old, female patient, who sustained an industrial injury on 03/17/2008. A therapy visit dated 01/22/2015 reported the summary focus was for balance control as she is unable to tolerate squatting today secondary to falling up stairs. Her lower extremity alignment and control is the main issue. She is found with two more sessions then to be discharged to an independent program. Will see how the patient tolerates increased activity next session with possible early discharge. The patient is status post left knee surgery on 11/14/2014. She underwent right knee surgery on 08/01/2014. In addition, she originally underwent spine fusion, cervical. The patient reports pain and altered sensation of the lateral and inferior patella. She wishes to regain function of her left lower extremity and strengthen bilateral lower extremities to continue progress in both legs. Her prior level of functioning stated limited in activities of daily living and other activities. A request was made for 6 additional sessions of acupuncture therapy treating cervical spine; 6 sessions to a psychologist and a gym membership for 6 months. On 02/03/2015, Utilization Review, non-certified the request, noting the CA MTUS Acupuncture Guidelines, ACOEM, Specialist and ODG, Gym memberships were cited. On 02/19/2015, the injured worker submitted an independent medical review or services requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture Therapy, 2 Times Weekly For 3 Week, Cervical Spine #6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Acupuncture.

**Decision rationale:** MTUS Acupuncture Medical Treatment Guidelines clearly state that acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The medical records do not indicate that pain medication is reduced or not tolerated. There is also no indication that this would be used in conjunction with physical rehabilitation and/or surgical intervention. ODG states regarding shoulder acupuncture, Recommended as an option for rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following surgery. and additionally specifies the initial trial should be 3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) There is no evidence provided that indicates the patient has experienced functional improvements as a results of acupuncture. As such, the request Additional Acupuncture Therapy, 2 Times Weekly For 3 Week, Cervical Spine #6 is not medically necessary.

**Consultation With Psychology Specialist, Once Weekly For 6 Weeks #6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines ,page 127.

**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 week with evidence of objective functional

improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Medical documentation provided does not indicate this patient has had an evaluation by a psychologist. The treating physician has not provided documentation of the goals of this referral or rationale behind the number of treatments requested. As such, the request for Consultation With Psychology Specialist, Once Weekly For 6 Weeks #6 is not medically necessary.

**Gym Membership For 6 Months #1: 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:** 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 medical documentation provided does not detail of the actual equipment being requested. Additionally, treatment notes do not detail what revisions to the physical therapy home plan has been attempted and/or failed that would necessitate the use of gym membership. As such, the request for Gym Membership For 6 Months #1 is not medically necessary.