

<b>Case Number:</b>	CM15-0039115		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	06/04/2007
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 60 year old female, who sustained an industrial injury on 6/4/2007. She has reported injury to the right shoulder and right upper extremity while assisting a transfer. The diagnoses have included pain in the joint of shoulder and hand, carpal tunnel syndrome and ulnar nerve lesion. Treatment to date has included medication therapy, cognitive behavioral therapy, and completing of a restorative work program. Currently, the IW complains of right shoulder pain associated with radiation to neck and right arm. On 12/10/14, the physical examination documented limited Range of Motion (ROM) in right shoulder due to pain and tenderness with palpation. There was decreased 4/5 strength noted. The provider documented that there was interest in changing medication regime due to the report that they did not adequately address the pain. The plan of care included changing Vicodin to Norco, continue cognitive behavioral therapy, and start a functional restorative program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Health club membership x 3 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 (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The MTUS Guidelines support the use of a home exercise program as a part of the treatment to improve and maintain function and manage pain. The submitted and reviewed documentation indicated the worker was experiencing right shoulder and arm pain, depressed mood, anxious mood, episodes of panic, and decreased sleep, all of which improved significantly with cognitive behavioral therapy and a functional restoration program. While the Guidelines support the use of a continued home exercise program to maintain these improvements, there was no documentation stating or suggesting the reason a health club membership was needed in order to continue this program. In the absence of such evidence, the current request for membership at a health club for three months is not medically necessary.

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional capacity evaluation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21-22, 80-83.

**Decision rationale:** The MTUS Guidelines support the use of a functional capacity evaluation (FCE) if it is necessary to translate a medical problem into functional limits and/or to determine a worker's capacity to perform work duties. This more precise and detailed assessment is not needed in every case. The submitted and reviewed documentation indicated the worker was right shoulder and arm pain, depressed mood, anxious mood, episodes of panic, and decreased sleep, all of which improved significantly with cognitive behavioral therapy and a recent functional restoration program. The submitted records did not contain a discussion sufficiently detailing the reason a functional capacity evaluation was needed in this case. In the absence of such evidence, the current request for a functional capacity evaluation is not medically necessary.

**Continued cognitive behavioral therapy sessions (psych) 1x8:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** The MTUS Guidelines recommend the use of cognitive behavioral therapy, a type of psychological treatment, as a secondary treatment for those with risk factors for delayed recovery. Initial treatment should include at least 4 weeks of physical therapy with a cognitive motivational approach. If this is insufficient, a trial of 3 to 4 psychotherapy visits over two

weeks should be considered. If the worker demonstrates functional improvement, another six to ten visits over six weeks can be considered. The submitted and reviewed documentation indicated the worker was experiencing right shoulder and arm pain, depressed mood, anxious mood, episodes of panic, and decreased sleep. These records clearly demonstrated significant improvement with twenty cognitive behavioral therapy sessions and a recent functional restoration program. While the worker continued to have some symptoms, there was no discussion detailing how the worker's function was negatively affected by these issues or sufficiently supporting this request. In the absence of such evidence, the current request for eight additional sessions of cognitive behavioral therapy done weekly for eight weeks is not medically necessary.