

Case Number:	CM13-0025907		
Date Assigned:	12/11/2013	Date of Injury:	12/05/2012
Decision Date:	03/18/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California, District of Columbia, Florida, and Maine. 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 physician 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 is an injured worker with date of injury 12/05/2012. The patient was evaluated on August 12, 2013. The patient was noted to be 23 weeks status post shoulder arthroscopy with subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

Decision rationale: The patient has completed an unknown number of sessions of acupuncture. There was mention of subjective improvement. However, there was no documentation of objective improvement with previous treatment, functional deficits, or functional goals. Therefore, there is insufficient information to approve additional Acupuncture x 20 because is not medically necessary.

Physical Therapy x 12: Upheld

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

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

Decision rationale: In this case, the request is modified to six visits. The patient has completed 24 sessions of PT since the surgery. Within the medical information available for review, there was documentation of objective improvement with previous treatment. However, there was a no documentation of functional deficits, functional goals, and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. Given the mild deficits note, It is appropriate to modify the request to six visits for the patient to establish home exercise regimen. Evidence based guidelines recommend physical methods including both a passive portion for acute short-term relief and active methods to maintain improvement. level. Evidence based guidelines necessitate documentation of objective improvement with previous treatment, functional deficits, functional goals, and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits to support the medical necessity of additional treatment.

Independent gym program for 3 months: 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 Official Disability Guidelines (ODG): Low back pain, Gym membership.

Decision rationale: Within the medical information available for review, there is no (clear) documentation that the patient is deconditioned and requires a structured environment to perform prescribed exercises, reasons why reconditioning cannot be accomplished with a home-based program of exercise, specific prescribed exercises stated in objective terms (for example: 30 minutes riding stationary bicycle three times per week), a specific set of prescribed activities, a specific timetable of progression in those activities, and a prescribed frequency and duration of attendance. Evidence based guidelines necessitate documentation that the patient is deconditioned and requires a structured environment to perform prescribed exercises, reasons why reconditioning cannot be accomplished with a home-based program of exercise, specific prescribed exercises stated in objective terms (for example: 30 minutes riding stationary bicycle three times per week), a specific set of prescribed activities, a specific timetable of progression in those activities, and a prescribed frequency and duration of attendance to support the medical necessity of a gym membership. Regarding purchase of GYM Membership, this is not supported by the guidelines. ODG states that gym membership is 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. Plus, treatment needs to be monitored and administered by medical professionals. Treatment (work related activity) must be specific to

the worker's needs, and the worker's work tasks. Activity must resemble work tasks. Specificity of training is desirable to maximize carry over to work tasks or home based activities. In many cases activity can be prescribed so that it can be performed in the workers usual settings (i.e. work or home), without the need to introduce an alternate setting (i.e. the gym). This also supports early progression towards self management, rather than developing reliance on equipment/outside services that is not available at work or home, and/or on the medical clinics. The additional costs of gym membership and treatment provider travel could not be considered reasonably necessary if treatment using work related activity can be effectively provided in the clinic, home, or work environment.