

Case Number:	CM13-0045298		
Date Assigned:	12/27/2013	Date of Injury:	04/14/2004
Decision Date:	03/07/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 a 54-year old female who sustained an injury on 04/14/2004. She had right shoulder arthroscopic surgery in 2007. A report dated 04/12/2013 by [REDACTED] indicates that she presented with complaints of worsening neck pain extending down both arms and bilateral shoulder pain. Her symptoms increased about 2 weeks ago and experienced flare-up due to performing normal activities of daily living. She was previously treated with medication and home exercises without lasting relief. On cervical spine exam, there was tenderness to palpation with mild spasm over paraspinal musculature and trapezius muscles. There were tender myofascial trigger points palpated in trapezius muscles. Cervical compression test elicited neck pain only. Active ROM of cervical spine was limited. Bilateral shoulder exam revealed arthroscopic portal scars at the right shoulder. No swelling or atrophy present. Tenderness to palpation was present over subacromial region, AC joint, supraspinatus tendons, and posterior scapular muscles. Subacromial crepitation was present with passive ROM. Cross Arm and Impingement tests were positive bilaterally. Drop Arm test was negative. ROM of shoulders was limited and symmetrical bilaterally. Neurological exam showed decreased sensation to pinprick with no specific dermatomal distribution. No weakness and 2+ reflexes in bilateral upper extremities. She was diagnosed with cervical/trapezial musculoligamentous sprain/strain with 1 to 2 mm disc bulges, C3 through C7, with stenosis at C5-6 per MRI and bilateral shoulder impingement syndrome. Treatment plan was pain management consultation and shoulder diagnostic ultrasound for rotator cuff pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

One gym membership with pool access: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter, section on Gym memberships.

Decision rationale: As per the Official Disability Guidelines, 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. Plus, treatment needs to be monitored and administered by medical professionals." The request is for gym membership with pool access, but there is no documentation regarding any specific exercise. Furthermore, there is no mention if the treatment is monitored and administered by a medical professional as per the guidelines since an unsupervised program has a risk of further injury to the patient. Thus, the request is not medically necessary and appropriate.