

Case Number:	CM13-0062807		
Date Assigned:	12/30/2013	Date of Injury:	06/30/2008
Decision Date:	04/04/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine 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:

The patient is a 44 year old female who was injured on 06/30/2008 when she stepped in a hole pursuing a suspect incurring chronic left shoulder pain secondary to rotator cuff syndrome, right knee patellofemoral pain syndrome and posterior knee pain, as well as right hip pain and left foot pain. Prior treatment history has included physical therapy sessions. Daily note dated 10/16/2013 documented the patient to have complaints of occasional discomfort when climbing stairs but no swelling. Right knee is stronger and more stable and has not given out recently. Objective findings on exam included good awareness of aquatic therapeutic exercises and right knee positioning and stabilization. Strength is improving slowly with improving tolerance to exercises. Progress report dated 10/28/2013 documented the patient to have complaints of worsening pain in left shoulder and she does have neck pain. She received an individualized aqua therapy program and is motivated to participate at a gym.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 YEAR GYM MEMBERSHIP: 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, Knee, Hand and Upper Arm, Gym Memberships

Decision rationale: There are no current guidelines regarding gym memberships for chronic pain. Participation in a gym program requires knowledge of the specific equipment as well as documented functional goals of treatment, current level of pain and goal of treatment. There should also be documented exercise prescription, such as frequency, duration, intensity, and timelines for re-evaluation. There are no such documented treatment plans in the patient's medical records, and therefore the request is non-certified.