

Case Number:	CM13-0064025		
Date Assigned:	01/03/2014	Date of Injury:	01/17/2012
Decision Date:	03/27/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/11/2013

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. 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 39 year old male who reported an injury on 01/17/2012 to the upper back, neck and bilateral shoulders. Prior treatment in January 2013 included acupuncture, massage therapy, physical therapy, a sling and aspirin 325 mg tabs as needed and Zantac 15 mg/ml SYRP 10 mi BID. On 01/03/2013, cervical spine MRI showed mild multilevel degenerative changes in the cervical spine. An MRI of the left shoulder was unremarkable, and an MRI of the right shoulder was unremarkable. X-rays were within normal limits. The patient's clinic note dated 09/18/2013 indicates chief complaint of chronic neck, upper back and bilateral shoulder pain. The patient left work several times due to increased pain in the neck and shoulders. The patient reported that muscles frequently felt angry. The patient had not been able to engage in routine exercise. The patient had been prescribed physical therapy and some structured exercise, but reported not being able to accomplish it as there was not any vacation time left and work was from 8 am to 4pm, Monday through Friday. The patient reported working at full duty. Physical examination of the upper extremities revealed intact deep tendon reflexes at 1+ and symmetric at the biceps, triceps and wrist extensors. Manual muscle testing in the upper extremities was within normal limits. Pinprick sensation was intact in all dermatomes of the upper extremities. Unable to appreciate any cervical muscle spasms. The patient had a negative Spurling's maneuver and a negative 90/90 TOS test. The patient was tender in the bilateral elbows at the lateral epicondyles and into the extensor muscle bulk. The patient was also tender in the bilateral ulnar grooves to palpation. The current review is for physical therapy for the cervical spine Qty: 6 and gym membership Qty: 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine QTY: 6: 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), Physical Therapy.

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

Decision rationale: As per the CA MTUS, physical medicine is recommended based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Further guidelines indicate that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. This patient has been treated previously with physical therapy, but there is no documentation of total number of visits already completed. There is no documentation of objective functional improvement with prior physical therapy treatment. Thus, the request for physical therapy x6 for the cervical spine is non-certified.

Gym membership QTY: 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym Membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter - Low Back - Lumbar and Thoracic (Acute and Chronic), Gym Memberships.

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, gym memberships is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has 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 for 6 months but there is no documentation that of home exercise program is being considered simultaneously with re-evaluation to monitor improvement or progress. Also, there is no documentation that that it will be monitored by a health professional since the guidelines do not recommend unsupervised programs due to risk of further injury to the patient.