

Case Number:	CM14-0007940		
Date Assigned:	02/10/2014	Date of Injury:	09/06/1996
Decision Date:	06/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and 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 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/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 underlying date of injury in this case is 09/06/1996. The treating diagnoses include shoulder sprain, shoulder synovitis, and muscle spasm. On 09/28/2013, a primary treating physician progress report noted the patient had a flare up in the right trapezius and right neck with radiation to the right shoulder. On exam, the patient had palpable muscle spasm in the right trapezius. Neck range of motion was painful rotating to the right but range is full. The patient reported she had relief with acupuncture in the past and wished to try it again. On 12/19/2013, the treating orthopedic surgeon submitted a progress report noting that the patient had a right trapezius strain. That physician recommended the patient continue her gym membership for a year and acupuncture twice a week for 6 weeks.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EXERCISE Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Gym Memberships

Decision rationale: The California Medical Treatment Utilization Schedule does not specifically discuss indications for gym membership. The MTUS; however, states that there is not sufficient evidence to support any particular exercise regimen over another one. Additionally, the Official Disability Guidelines (ODG) discusses gym memberships and notes that this is not recommended unless a documented home program with periodic assessment and revision has not been effective and there is a need for equipment. The request is not in accordance with the ODG recommendation; therefore, the request is not medically necessary.

ACUPUNCTURE 2 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, (2011), Chapter 6), and Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines, state that acupuncture treatments may be extended if functional improvement is documented. The medical records contain very limited details regarding the patient's past acupuncture treatment. Again, the guidelines specifically indicate that acupuncture may be extended only if there is specific documented functional improvement as per the treatment guidelines. The medical records in this case do not document such functional improvement as described in the treatment guidelines. Therefore, the request for acupuncture is not medically necessary.