

Case Number:	CM14-0010593		
Date Assigned:	02/21/2014	Date of Injury:	08/25/2011
Decision Date:	08/01/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational 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 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 patient is a 48-year-old female who has submitted a claim for cervical spine musculoligamentous sprain/strain with right upper extremity radiculitis, bilateral shoulder strain/tendinitis/impingement with acromioclavicular osteoarthritis and left shoulder calcific tendinitis, associated with an industrial injury date of August 25, 2011. The medical records from 2013 were reviewed. The latest progress report, dated 12/06/2013, showed bilateral shoulder pain, neck pain with occasional numbness and tingling to the right upper extremity. The physical examination revealed tenderness over the cervical paraspinal and trapezial muscles bilaterally with slight muscle spasms. Axial compression testing produced localized pain. There was restriction of range of motion. There was tenderness over the subacromial regions and supraspinatus tendons. The impingement and cross-arm testing was positive on the left only. There was no subacromial crepitus. There was restricted range of motion for both shoulders. Muscle testing of the bilateral shoulders revealed 4/5 weakness, with flexion and abduction. The treatment to date has included extracorporeal shockwave therapy, physical therapy, acupuncture therapy, medications, home exercise, and cortisone injection. The utilization review from 01/07/2014 denied the request for gym membership with pool access for six (6) months, because there was no evidence that attempted home exercise was ineffective. There was no evidence that the patient would require specialized equipment. There was also no indication that treatment will be administered and monitored by medical professionals. In addition, gym membership, health clubs, swimming pools, athletic clubs, etc., were not generally considered medical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with pool pass for six (6) months: 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 Chapter, Gym Memberships.

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 Chapter, Gym Membership.

Decision rationale: The Official Disability Guidelines indicate that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment. The treatment needs to be monitored and administered by medical professionals. In this case, the patient had been performing a self-guided home exercise program, as well as a self-guided aquatic therapy program, which she had found beneficial. There was decreased pain and medication use along with increased range of motion and ability to perform her usual and customary work duties. However, there was no documented evidence that a home exercise program was ineffective. Furthermore, there was no mention regarding the need for certain gym equipment and whether treatment will be monitored or administered by a health professional. The medical necessity for a gym membership has not been established. Therefore, the request for gym membership with pool access for six (6) months is not medically necessary.