

Case Number:	CM14-0017245		
Date Assigned:	04/14/2014	Date of Injury:	05/03/2000
Decision Date:	05/30/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/11/2014

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 injured worker is a 52-year-old female who reported an injury on 05/03/2000. The mechanism of injury was not provided for review. The injured worker reportedly sustained injury to multiple body parts to include the bilateral shoulders. The only chart note from the requesting provider was dated 04/29/2014. It was documented that the injured worker had received letters from Maximus requesting additional information for a health club membership, weight loss program, and pain management evaluation. However, there were no previous clinical evaluations from the requesting physician to determine the appropriateness of the original request. Per the evaluation dated 04/29/2014 it was documented that the injured worker had ongoing pain. The injured worker's medication schedule included Celebrex, Ambien, Protonix, Zantac, Norco 10/325 mg, Lyrica, and Xanax. Physical findings included restricted range of motion of the cervical spine with tenderness to palpation of the paraspinal musculature and tenderness over the nerve roots of the bilateral neck. Evaluation of the bilateral shoulders documented restricted range of motion and tenderness to palpation over the subacromial space and rotator cuff with positive impingement tests. Evaluation of the lumbar spine documented limited range of motion secondary to pain with tenderness over the spinous process, lumbosacral junction with moderate tenderness to the paraspinal muscles. Evaluation of the lower extremities documented a positive straight leg raising test bilaterally. The injured worker's diagnoses included degenerative disc disease and spondylosis, right shoulder subacromial impingement, potential left shoulder subacromial impingement, degenerative disc disease and facet spondylosis of the lumbar spine, left hip greater trochanteric bursitis, left knee medial compartment and posttraumatic arthritis, and severe obesity. The injured worker's treatment plan included continued referral to a pain management physician to take over medication usage (as the injured worker is on many

medications) and a 1 year health club membership and exercise program as well as weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE YEAR HEALTH CLUB MEMBERSHIP FOR SHOULDERS AND WEIGHT LOSS:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Guidelines ODG- 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) Pain Chapter, Gym Memberships.

Decision rationale: The requested 1 year health club membership for shoulders and weight loss is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines do not support the use of health club memberships as a medical prescription. The clinical documentation submitted for review does not provide any evidence that the injured worker has failed to progress through a self directed home exercise program. There is no documentation that the injured worker requires additional equipment that cannot be provided within the home. Therefore, a 1 year health club membership for shoulders and weight loss is not medically necessary or appropriate.

PAIN MANAGEMENT CONSULTATION FOR MEDICATIONS RIGHT SHOULDER:

Overtured

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids ,On-Going Management Page(s): 78.

Decision rationale: The requested pain management consultation for medications for the right shoulder is medically necessary and appropriate. The American College of Occupational and Environmental Medicine Guidelines do support the use of pain management specialists for injured workers who have been on opioid therapy for longer than 3 months. The clinical documentation submitted for review does indicate that the injured worker has been on opioid therapy for an extended duration of time. Therefore, a pain management consultation would be appropriate for this patient. The clinical documentation submitted for review does indicate that the requesting physician opined that a pain management specialist would more appropriately manage the injured worker's medications. As such, the requested pain management consultation for medications for the right shoulder is medically necessary and appropriate.

