

Case Number:	CM14-0031640		
Date Assigned:	06/20/2014	Date of Injury:	11/01/2012
Decision Date:	07/17/2014	UR Denial Date:	02/16/2014
Priority:	Standard	Application Received:	03/12/2014

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 Family Medicine has a subspecialty in Clinics Informatics and is licensed to practice in Pennsylvania. 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:

This worker sustained an injury on November 1, 2012. At medical office visits on January 15, 2014 and February 19, 2014 he was complaining of neck pain and bilateral shoulder pain. He reported taking his pain medications as prescribed and that his medications were working well. He was also using a TENS unit. He had received physical therapy and was continuing a home exercise program. He reported that during physical therapy, an upper extremity cycle was mostly used and was significantly helpful in loosening his upper extremity muscles and thereby improving his pain level. He also reported using a medicine ball in physical therapy which strengthened his core and upper back. On exam limited range of motion in the cervical and lumbar spine were noted as well as spasming and tenderness in the paravertebral muscles of the cervical, thoracic, and lumbar spine. Gym membership was recommended. It was stated that he had completed PT which was beneficial in decreasing pain to his shoulders and neck. It was stated that with gym membership he would be able to continue with strengthening and stretching exercises. It was stated that during physical therapy, an upper extremity cycle was mostly used, significantly helpful in loosening his upper extremity muscles, in turn improving his pain level. He does not have the upper extremity cycle at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 request for 6-month 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), Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20-9792.26 Page(s): 46 and 47.

Decision rationale: Exercise in the treatment of chronic pain is recommended. However, according to the Chronic Pain Treatment Guidelines, there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. While it may be true that an upper extremity cycle was effective in loosening this worker's muscles, there is no reason to believe that other forms of range of motion and stretching exercises that could be done at home without the use of an upper extremity cycle would not be just as effective. A variety of stretching and strengthening exercises can be performed as part of a home exercise program. Therefore a Gym Membership is not medically necessary.