

Case Number:	CM14-0036375		
Date Assigned:	06/25/2014	Date of Injury:	09/23/2010
Decision Date:	07/22/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/25/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 43 year old female reported an injury on 09/23/2010 due to unknown mechanism. The injured worker complained of intermittent pain in the left shoulder, with forward flexion and abduction past 90 degrees. Pain scale reported was 3-4/10. On physical examination dated 03/15/2014 there was tenderness over the anterior left rotator cuff. Range of motion to left shoulder are forward flexion and abduction is at 160 degrees and external rotation and extension at 40 degrees. The injured worker's diagnoses included, acute lumbar strain and sprain right shoulder. The injured worker's medications are Norco, and Flurbiprofen cream. The treatment plan was for one year gym membership for the left shoulder, cervical spine exercise program. The injured worker's past treatments/diagnostics, are physical therapy to which was documented on clinical visit dated 03/05/2014 that the injured worker was making improvements. The injured worker had arthroscopic left shoulder surgery on 11/13/2013. The authorization form dated 03/03/2014 was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, page(s) 46-47 Page(s): 46-47.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) states that exercise is recommended. There is a strong evidence that a exercise programs, including aerobics conditioning and strenghtening, are superior to treatment program that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Guidelines also indicates that patients need to be instructed and is expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Although an individual home exercise is recommended a gym membership would not be supported as it will not be monitored or administered by a clinical professional. As such the request is not medically necessary.