

Case Number:	CM14-0050995		
Date Assigned:	07/07/2014	Date of Injury:	06/29/2010
Decision Date:	08/25/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/18/2014

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 Nevada. 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 49-year-old male who was reportedly injured on 6/29/2010. The mechanism of injury was noted as a fall. The most recent progress note dated 7/15/2014, indicated that there were ongoing complaints of cervical spine, right shoulder and right elbow pains. The physical examination was handwritten and partially illegible. It revealed the cervical spine positive tenderness to palpation and muscle guarding. Right shoulder had positive tenderness to palpation at trapezius, subacromial and supraspinatus muscles. Acromioclavicular joint, paraspinal is negative impingement. No recent diagnostic studies are available for review. Previous treatment included previous surgery, physical therapy, and medications. A request was made for physical therapy two times a week for four weeks #8, exercise rehabilitation chair/shoulder stretcher and gym membership time six months and was not certified in the pre-authorization process on 3/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy (PT) for eight (8) sessions for the right elbow and shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Postsurgical treatment guidelines do recommend up to 24 visits postsurgical physical therapy over 14 weeks. After review of the medical documentation provided, there was determination of how many visits of physical therapy the injured worker has had in the past and progress made in range of motion and functional improvement. There was a right shoulder scope 10/2/2013. Therefore, the additional request for physical therapy is deemed not medically necessary at this time.

Excercise rehab chair: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder (acute and chronic). Flexionator exercise rehab chair, updated 7/29/2014.

Decision rationale: Exercise rehabilitation chair such as the Flexionator are under study for the use of the adhesive capsulitis. No high quality evidence is yet available. According to the studies, outcomes from regular physical therapy in the natural history of adhesive capsulitis are about as good. After review of the medical documentation provided, the injured worker is status post shoulder arthroscopy. There was no associated diagnosis of the piece of capsulitis. Therefore, this request is deemed not medically necessary.

Gym membership QTY:6.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC: ODG Integrated Treatment/Disability Duration Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 06/10/14).

Decision rationale: According to the Official Disability Guidelines, a gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has been found to not be effective, and there is need for specific gym equipment. Additionally, such a program needs to be administered, attended, and monitored by medical professionals. As there is no documentation in the attached medical record addressing these issues, this request for a gym membership is not medically necessary.