MAXIMUS Federal Services

Case Number:	CM14-0060813		
Date Assigned:	07/09/2014	Date of Injury:	05/01/2006
Decision Date:	09/08/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	05/01/2014

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 Anesthesiology and is licensed to practice in Texas. 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 62 year old male who sustained an injury to his neck on 05/01/06 when he suffered a fall, injuring his right shoulder. Pain management consultation note dated 11/06/13 reported that the injured worker received complex treatment for these injuries which included a right shoulder surgery. The injured worker also described other care including rehabilitation and epidural steroids for his cervical spine diagnosis of multilevel cervical degenerative disc disease. The injured worker described most recently being treated by a spine surgeon who recommended cervical spine surgery. The injured worker was trying to avoid this and continued to attempt to acquire non-surgical care. Physical examination noted some straightening of the nerve normal cervical lordosis and enhanced thoracic kyphosis; shoulder girdles asymmetric with left shoulder being held higher than the right; cervical flexion limited to two finger breadths above the sternal angle; cervical extension limited to 30 degrees, rotation right 45 degrees, rotation left 50 degrees; full abduction and flexion of both glenohumeral joints; myofascial trigger points in the cervical paraspinous muscles, trapezius muscles, and rhomboid musculature; reflexes 2+ in the bilateral upper extremities, except for left brachioradialis absent and hyperesthesia in the right upper extremity, in the C6 dermatome. The injured worker was diagnosed with cervical degenerative disc disease (C5-6 and C6-7).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership - 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM pg 109.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Exercise.

Decision rationale: The request for gym membership times six months is not medically necessary. With unsupervised programs, there is no information flow back to the provider, so she or he can make changes to the prescription and there may be risk of further injury to the injured worker. Records reflect improved strength and function with increased ability to carry activities of daily living from the prior functional restoration program. There was no additional significant objective clinical information provided for review that would indicate that the injured worker has any co morbidity that would prevent him from actively participating in a traditional home exercise program. The request for gym membership is not medically necessary.