

Case Number:	CM14-0167140		
Date Assigned:	10/14/2014	Date of Injury:	10/26/2011
Decision Date:	01/02/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/10/2014

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 (IW) is a 61-year-old male with work injury dating back to 10/26/11. He underwent biceps tendon and rotator cuff repair on 8/9/13. He continued to have significant pain in the neck area following the surgery. He completed a functional restoration program although his pain levels never improved. Treating physician reports indicate trigger points in the cervical area with facet loading maneuvers positive at the C6, C7 level bilaterally. Current diagnoses are: 1. Biceps tendodesis 2. Impingement 3. AC joint arthritis. The utilization review report dated 10/3/14 denied the request for 3 months Gym Membership and for EMG/NCS bilateral upper extremity based upon lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP FOR 3 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)> ODG guidelines, knee chapter, for Gym memberships

Decision rationale: The injured worker continues to have significant pain in the neck area following the surgery. The request is for a 3 month gym membership. The MTUS guidelines do not address gym memberships. The ODG guidelines states, "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals." The request lacks a rationale provided to indicate the medical necessity for gym membership. There are no reasons listed why the injured worker is unable to continue his physical therapy with an independent home exercise program as directed by the physical therapist. Therefore, Gym Membership for 3 Months is not medically necessary.

EMG/NCS BILATERAL UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: The injured worker continues to have significant pain in the neck area following the surgery. The current request is for EMG/NCS bilateral upper extremity. The MTUS guidelines do not address EMG/NCV testing. ACOEM page 262 recommends Electrodiagnostic studies to help differentiate between CTS and other conditions, such as cervical radiculopathy. Review of the records provided does not show that the patient has any symptoms in the arms or hands to be concerned about radiculopathy or CTS. In fact, the records indicate neck pain and ACOEM does not support NCV/EMG testing for localized, nonradicular neck pain. Therefore, EMG/NCS Bilateral Upper Extremity is not medically necessary.