MAXIMUS Federal Services

Case Number:	CM14-0187021		
Date Assigned:	11/17/2014	Date of Injury:	04/28/2009
Decision Date:	01/05/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 59 year old female with an injury date of 04/28/09. Based on the 09/10/14 progress report, the patient rates her pain as a 2/10 with medications and a 7/10 without medications. In regards to both the cervical and thoracic spine, range of motion is restricted on examination of the paravertebral muscles, tenderness is noted on both sides. For the right shoulder, movement is restricted and on palpation, tenderness is noted in the sub deltoid bursa. The left shoulder has a positive Hawkins and Neers test. Both wrists have positive Phalen's sign and Tinel's sign. Tenderness to palpation is noted over the radial and ulnar side. The 10/09/14 report states that the patient has neck pain and bilateral upper extremity pain. The patient's diagnoses includes the following:1.Depression2.Shoulder pain3.Cervical painThe utilization review determination being challenged is dated 10/24/14. Treatment reports were provided from 05/11/14- 10/09/14.

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: Knee & Leg, Gym memberships

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

Decision rationale: According to the 10/09/14 report, the patient presents with neck pain and bilateral upper extremity pain. The request is for a GYM MEMBERSHIP FOR 3 MONTHS. The 10/09/14 report states "She has completed 24 sessions PT with a list of HEP. She noted benefit with use of treadmill, climber, and weight machines such as curl presses and pullover machine in PT. She does not have this equipment available at home... The patient is highly motivated."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."In this case, the treater gives specific examples of equipment the patient has previously used in physical therapy. However, there is no medical reason that the use of these machines are essential. There is no indication why the patient is unable to do the necessary exercises at home. There is also no discussion regarding how the patient will be medically supervised. Recommendation is for denial.