

Case Number:	CM14-0192041		
Date Assigned:	11/25/2014	Date of Injury:	08/10/2010
Decision Date:	01/13/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/17/2014

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 67 year old female with an injury date of 08/10/10. Most reports provided are handwritten and partially illegible. Per the 10/08/14 report the patient presents post right shoulder subacromial injection of 07/10/14 with two weeks of relief. The patient is temporarily totally disabled for 6 weeks. Examination reveals tenderness of the parascapular of the right shoulder. Lumbar spine examination shows tenderness at the paraspinal musculature. The patient's diagnoses per the 07/22/14 report include: 1. Lumbar disc disease.2. Lumbar radiculopathy.3. Lumbar facet syndrome.4. Bilateral hip bursitis. Operative reports provided include:05/08/14 left greater trochanteric injection.06/23/14 Right TFESI L4-5, L5-S1.07/10/14 Right shoulder sub acromial injection.10/17/14 left, right L4, L5, S1 MBB.The utilization review being challenged is dated 10/22/14. Reports were provided from 05/08/14 to 10/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with heated pool for six (6) months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter-Gym memberships

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar and Thoracic Chapter, Gym memberships

Decision rationale: The patient presents with right shoulder pain and lumbar spine pain. The treater requests for Gym Membership with heated pool for six months per 10/08/14 report. Many reports are handwritten and largely illegible. ODG guidelines state they are, "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." The treater does not discuss this request in the reports provided. A home exercise program is not documented as required by ODG. The request includes a heated pool; however, the treater does not explain why this or other equipment is required. In this case, the request is not medically necessary.