

Case Number:	CM14-0196009		
Date Assigned:	12/04/2014	Date of Injury:	11/20/2013
Decision Date:	01/15/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/24/2014

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 Pain Medicine 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 is a 48 year old male with a date of injury of November 20, 2013. The results of the injury include the right shoulder. Diagnosis included sprain/strain of the right shoulder, impingement syndrome of the right shoulder, and calcific tendinitis of shoulder. Treatment included home exercise program, anti-inflammatories, and modified work restrictions. X-ray of the right shoulder showed there is sclerosis in the region of the greater tuberosity which may be related to rotator cuff insertion. There is mineralization seen anterior to the greater tuberosity on the axillary view, which may represent calcific tendinitis of the rotator cuff. Magnetic resonance imaging scan of the right shoulder revealed partial thickness bursal surface tear of the supraspinatus tendon is seen with interstitial extension. Supraspinatus and subscapularis tendinosis is also noted. Muscle bulk of the rotator appears preserved. The labrum appears within normal limits on the study limited by lack of intra articular fluid. Mild degenerative changes are seen involving the acromioclavicular joint. Progress report dated December 4, 2014 showed limited range of motion of the right shoulder. There was positive impingement testing. A request was made for a 6 month gym membership. Utilization review form dated November 17, 2014 non certified a 6 month gym membership for independent hydrotherapy due to lack of compliance with MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month gym membership for independent hydrotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym Memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46-47.

Decision rationale: Regarding request for gym membership, the Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The ODG states the gym memberships 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. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has been trained on the use of gym equipment, or that the physician is overseeing the gym exercise program. In the absence of such documentation, the currently requested gym membership is not medically necessary.