MAXIMUS Federal Services

Case Number:	CM15-0005208		
Date Assigned:	01/16/2015	Date of Injury:	04/23/2010
Decision Date:	11/25/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on 04-23-2010. A review of the medical records indicates that the worker is undergoing treatment for degeneration of cervical disc, cervical disc displacement and neck pain. Subjective complaints (08-14-2014, 09-15-2014, 10-14-2014) include increased neck and left shoulder and left upper extremity pain. Objective findings (08-14-2014, 09-15-2014, 10-14-2014) include moderate obesity. Treatment has included several oral and topical pain medications including opioids, anti-epileptics and anti-inflammatories, cervical epidural injection, massage therapy, acupuncture and surgery. The physician noted that the injured worker would likely benefit from a multidisciplinary program as she had essentially failed other treatments and was not a surgical candidate at that time. The injured worker had an initial evaluation and multidisciplinary conference for a functional restoration program performed on 10-16-2014. Subjective complaints included 8-9 out of 10 neck pain and occasional headaches and 7 out of 10 left shoulder pain with pain related insomnia. Objective findings revealed tenderness to palpation of the left posterior cervical paraspinal muscles at C3-C7, limited range of motion of the neck, difficulty turning head to the left greater than 50 degrees, mild tenderness to palpation of the left trapezius and left medial border of the scapula with mild limitation in range of motion and decreased sensation in the left C6-C7 distributions. The physician noted that the injured worker had not been exercising in ways that rehabilitate her chronic pain and was increasingly inactive due to pain. The treatment plan included training in a physical therapy training program. There was no medical documentation submitted that pertains to the current treatment request. A utilization review dated 01-07-2015 non-certified a request for six-month gym membership for the neck and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

A six month gym membership for the neck and left shoulder: 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 Section.

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 & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in April 2010 when she tripped on an electrical cord and fell, landing on her left side. She continues to be treated for chronic neck, shoulder, and left upper extremity pain. She participated in a functional restoration program beginning in October 2014. When seen, she was requesting a gym membership with a pool so she could try aquatic therapy and so she could continue using exercise machines as she had done during the functional restoration program. The Physical examination findings included decreased shoulder range of motion. The claimant's body mass index is over 41. A gym membership is 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. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documentation of a prescribed exercise program or need for specialized equipment. There is no described failure of a home exercise program. Aquatic therapy would not be required for the neck or shoulder. The requested gym membership is not medically necessary.