

Case Number:	CM15-0005642		
Date Assigned:	01/26/2015	Date of Injury:	07/13/2008
Decision Date:	03/16/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/12/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 49 year old female with an industrial injury dated 07/13/2008 resulting in injury to right arm, right wrist and right hand. She presents on 11/18/2014 with shoulder and elbow pain which is some better but remains sore according to the progress note. Prior treatments include right shoulder arthroscopic subacromial decompression and rotator cuff repair on 05/28/2014 followed by physical therapy. Other treatments included acupuncture, diagnostic testing and home exercise program. Diagnoses included: Right shoulder surgery times two, tendinitis and impingement, right shoulder: tendinosis and articular surface fraying of the distal supraspinatus tendon with no evidence of a full thickness tear, adhesive capsulitis and arthritis of the right shoulder, mixed anxiety and depressive order and exacerbation of chronic gastrointestinal disease. The injured worker was unable to tolerate anti-inflammatory medications due to GERD and was taking Tylenol. On 12/10/2014 Utilization Review non-certified the request for gym membership noting the patient should be able to address her functional deficits independently at home with an exercise program that does not require a gym membership. ODG and MTUS Guidelines were cited. The request for inferential current stimulation unit (with supplies) times one month rental was also non-certified noting it is not supported by guidelines and by the medical records provided. MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of IF unit & supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120 Page(s): Page 11.

Decision rationale: The requested Rental of IF unit & supplies, is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone... There are no published randomized trials comparing TENS to Interferential current stimulation;" and the criteria for its use are: "Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The injured worker has shoulder and elbow pain despite right shoulder surgery. The treating physician has documented medication-induced GERD symptoms. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, Rental of IF unit & supplies is not medically necessary.

Gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Pages 46-47 Page(s): Page 46-47. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships

Decision rationale: The requested Gym membership, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Exercise, Pages 46-47, note that exercise is "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is insufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." ODG Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships, note that gym memberships are "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. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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 risk of further injury to the patient." The injured worker has shoulder and elbow pain despite right shoulder surgery. The treating physician has documented medication-induced GERD symptoms. The treating physician has not documented failed home exercise or specific equipment needs that support the medical necessity for a gym membership. Criteria not having been met, Gym membership is not medically necessary.