MAXIMUS Federal Services

Case Number:	CM15-0102543		
Date Assigned:	06/04/2015	Date of Injury:	01/25/2013
Decision Date:	07/03/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/28/2015

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 51 year old female, who sustained an industrial injury on 01/25/2013. She has reported injury to the neck, left shoulder, and low back. The diagnoses have included pain joint shoulder region; shoulder injury status post surgery with post-operative complex regional pain syndrome; left shoulder adhesive capsulitis; cervical injury with headaches, and potentially brachial plexus tear, and upper extremity injury. Treatment to date has included medications, diagnostics, injections, physical therapy, home exercise, and surgical intervention. Medications have included Verapamil, Amitriptyline, Opana ER, Lorazepam, and Inderal. A progress note from the treating physician, dated 05/04/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left shoulder pain, described as aching; severity of pain is a 4 and 5 on a scale of 1-10 with 10 being the worst; headache; activity and lifting worsen condition; and physical therapy has helped in the past. Objective findings included pain to palpation of the cervical spine over the C2 to C3, C3 to C4,C4 to C5, and C5 to C6 facet capsules bilaterally; pain with rotation extension indicative of facet capsular tears; positive Spurling's maneuver; positive maximal foraminal compression testing; and pain with valsalva; findings for complex regional pain syndrome, brachial plexus tear, and focal injury to her hand, wrist, and epicondylitis; and findings consistent with adhesive capsulitis. The treatment plan has included the request for gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 January 2013 and continues to between it for neck, low back, and left shoulder pain. When seen, she was having ongoing left shoulder pain rated at 4-5/10. Prior treatments had included physical therapy. There was pain with cervical spine range of motion and positive Spurling's, Valsalva, and foraminal compression testing. There were findings consistent CRPS, epicondylitis, and adhesive capsulitis. 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. Therefore, the requested gym membership is not medically necessary.