

Case Number:	CM15-0019237		
Date Assigned:	02/09/2015	Date of Injury:	09/11/2000
Decision Date:	04/15/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/02/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 September 11, 2000. The diagnoses have included neck pain, degeneration of cervical intervertebral disc, myalgia and myositis, brachial (cervical) neuritis gastroesophageal reflux disease and chronic pain syndrome, shoulder pain and arthropathy of lumbar facet joint. Treatment to date has included pain medications, neck surgery, cervical Magnetic resonance imaging, cervical X-ray, right shoulder Magnetic resonance imaging and cervical computed tomography scan. Currently, the injured worker complains of neck and bilateral arm pain. In a progress note dated January 9, 2015, the treating provider reports examination of the cervical spine reveals decreased range of motion with tenderness and tightness more on the right shoulder region, moderate tenderness to palpation along with her right trapezius region and her right subscapular area, decreased range of motion to her bilateral shoulders. On January 16, 2015 Utilization Review non-certified a gym membership 1 year bilateral neck, noting, Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership-1 year/Bilateral Neck: 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) Treatment in Workers Compensation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Gym Membership.

Decision rationale: According to the Official Disability Guidelines, a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is need for additional equipment. Additionally treatment in a gym environment needs to be monitored and administered by medical professionals. According to the attached medical record there is no documentation that home exercise program is ineffective or in adequate. Considering this, the request for a gym membership is not medically necessary.