

Case Number:	CM15-0131463		
Date Assigned:	08/18/2015	Date of Injury:	05/11/2012
Decision Date:	09/30/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/08/2015

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: Physical Medicine & Rehabilitation

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 (n) 47-year-old female, who sustained an industrial injury on 5-11-12. She reported pain in her neck after being struck by a patient. In 2014, the injured worker was involved in a motor vehicle accident and re-injured her neck. The injured worker was diagnosed as having cervicalgia, brachial neuritis or radiculitis, cervical disc displacement without myelopathy and skin sensation disturbance. Treatment to date has included chiropractic treatments, physical therapy, acupuncture, a TENS unit, a functional restoration program in 2014, Ibuprofen and Tramadol. Current medications include Lexapro, Naproxen and Tylenol ES. On 4-23-15, the injured worker rated her pain a 7 out of 10. She indicated that acupuncture did not affect her pain level and she is having difficulty getting and staying asleep. As of the PR2 dated 5-21-15, the injured worker reports pain in her neck, right shoulder and head. She rates her pain a 7 out of 10. Objective findings include cervical flexion is 45 degrees, extension is 20 degrees and lateral bending is 30 degrees bilaterally. There is also tenderness in the trapezius and decreased right shoulder range of motion. The treating physician requested a 3-month gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 month gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter under Gym memberships.

Decision rationale: The 47-year-old patient complains of neck pain, right shoulder pain and head pain, rated at 7/10, along with numbness in right upper extremity, as per progress report dated 05/21/15. The request is for 3 MONTH GYM MEMBERSHIP. The RFA for this case is dated 06/04/15, and the patient's date of injury is 05/11/12. Diagnoses, as per progress report dated 05/21/15, included cervicalgia, brachial neuritis or radiculitis, cervical disc displacement, and skin sensation disturbance. Current medications include Lexapro, Naproxen and Tylenol ER. The patient is temporarily totally disabled, as per the same progress report. MTUS and ACOEM guidelines are silent regarding gym membership. The ODG guidelines Shoulder chapter under Gym membership's state: Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. In addition, 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. In this case, the treater is requesting for an extension of gym membership as the previous one expired, as per progress report dated 05/21/15. The patient complains of chronic pain and decreased ability to perform ADLs. The treater does not indicate how the patient benefited from prior gym membership nor does the treater describe the purpose of additional sessions at the gym. It is not clear why the patient cannot follow a home exercise regimen. Additionally, there is no documentation of specific objective and subjective outcomes with regards to gym membership. There is no indication that a medical professional, as required by ODG will supervise the exercise regimen. Hence, it IS NOT medically necessary.