

Case Number:	CM15-0188085		
Date Assigned:	09/30/2015	Date of Injury:	10/25/2012
Decision Date:	11/10/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/24/2015

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 38-year-old female who sustained an industrial injury on 10-25-12. A review of the medical records indicates she is undergoing treatment for right hip pain, right hip labral tear - positive per MRI, right shoulder sprain and strain, right shoulder impingement, tendinitis of the right shoulder - positive per MRI, radiculopathy of the right lower extremity - clinically, radiculopathy of the cervical spine - clinically, and sprain and strain of the cervical, thoracic, and lumbar spine of a chronic nature. Medical records (6-30-15 to 8-28-15) indicate ongoing complaints of neck pain, rating "6-7 out of 10" with noted sensations of "swelling and electric shock", right shoulder pain, rating "6-7 out of 10", which radiates down her arm, thoracic spine pain, rating "6 out of 10", lumbar spine pain, rating "8 out of 10" with sciatic nerve pain that radiates down the right leg with a "sharp" sensation, and right hip pain, rating "8-10 out of 10" on 6-30-15 and 8-28-15, but was noted to rate it "3 out of 10" with "intermittent exacerbations of 7-8 out of 10" on 7-1-15. She reports that the right hip pain radiates to her groin, as well as to her proximal anterior thigh, intermittently. She reports it is associated with muscle spasms and states that it is "getting worse". The physical exam (8-28-15) reveals diminished cervical spine and thoracolumbar spine range of motion. Tenderness is noted to percussion of the paraspinal muscles. The right shoulder "demonstrates positive Neer's, positive 90 degree cross over impingement test, positive Apley's, positive Hawkins, and weak abduction against resistance". The right hip range of motion is "50% of full with pain", particularly with internal and external rotation. The injured worker reports that she is able to perform all of her routine activities of daily living without assistance. However, she does indicate difficulty with donning her shoes and socks, as well as bathing her lower extremities. She reports "some difficulty and pain" when rising from a chair, running errands, and performing light housework, as well as getting in and out of the car

when shopping. Diagnostic studies have included x-rays of the lumbosacral and thoracic spine, an MRI of the lumbar spine, thoracic spine, and right shoulder, EMG-NCV of bilateral upper extremities, as well as an x-ray of the right hip and MRI arthrogram of the right hip. Treatment has included medications, physical therapy, cold packs, activity modification, home exercise program, and acupuncture. Referrals were made for neurosurgery, pain management, mental health, and orthopedics. Chiropractic treatment and aqua therapy were requested. The records do not indicate if the services were received. The injured worker is not currently working. The agreed medical examination (7-1-15) indicates that "the mainstays of treatment" for the right hip and groin pain includes "consistent and regular participation in a progressive exercise program", including "non-impact aerobic fitness exercise, such as bicycling or a swimming program." The treating provider states "it may be in this patient's best interest to join a gym where she can participate in this progressive exercise program." The utilization review (9-11-15) indicates a request for authorization of a gym membership for 3-6 months. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership 3-6 months: 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-Gym memberships, Hip & Pelvis-Gym membership, Shoulder-Gym membership, Knee & Leg-Gym membership.

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 October 2012 when, she had right hip pain when twisting while moving a box of oil weighing approximately 40 pounds. She continues to be treated for neck, thoracic, and lumbar spine pain with lower extremity radiating symptoms, and right shoulder pain and hip pain with radiating symptoms into the groin. When seen, there had been a recent AME. She had been diagnosed with trochanteric bursitis and post-traumatic osteoarthritis of the hip. Recommendations had included several visits with a physical therapist or athletic trainer with consideration of a progressive exercise program in a gym. When seen by the requesting provider, physical examination findings included a body mass index of 30. There was decreased cervical and thoracolumbar range of motion. She had paraspinal tenderness. There was decreased right hip range of motion and pain with rotation. She had positive shoulder impingement testing. Authorization is being requested for a three-six-month gym membership. 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. Additional therapy is being recommended and establishing an effective home based exercise program would be a goal of treatment. The requested gym membership is not medically necessary.