

Case Number:	CM15-0195576		
Date Assigned:	10/14/2015	Date of Injury:	02/22/2005
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/05/2015

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:

This 73 year old male sustained an industrial injury on 2-22-05. Documentation indicated that the injured worker was receiving treatment for cervical sprain superimposed on cervical spine degenerative disc disease and left shoulder rotator cuff arthropathy. In a PR-2 dated 9-17-15, the injured worker complained of neck discomfort with clicking, popping and grinding on range of motion, "soreness" on the left side of the basal skull radiating to the trapezius, upper back and scapula and minimal left shoulder pain with clicking, popping and restricted range of motion. The physician noted that the injured worker had a revision rotator cuff surgery in 2009 followed by physical therapy for four to six months. The injured worker had been maintaining by participating in a gym program. The physician stated that other than the gym program, the injured worker had had no active treatment. Physical exam was remarkable for cervical spine with tenderness to palpation and tightness in the left paraspinal musculature, levator scapulae and trapezius with range of motion: forward flexion -20 degrees and bilateral bend 30 degrees, normal motor strength and sensation in bilateral upper extremities and left shoulder with minimal subacromial and posterior pain, crepitus on range of motion with flexion and abduction 140 degrees, external rotation 30 degrees, internal rotation 70 degrees and adduction 50 degree and "weakness" in forward flexion and abduction. X-rays of the left shoulder taken during the office visit showed evidence of osteoarthritis and rotator cuff arthropathy with elevation of the humeral head and a small inferior osteophyte formation. The physician noted that the injured worker stated that the left shoulder was minimally symptomatic. As a result of the UR denial, an

IMR was filed with the Division of Workers Comp. Such, the treatment plan included maintaining a home exercise program for the left shoulder, a routine gym membership for exercise, maintenance and control of the neck and shoulder and twelve visits of physical therapy for the cervical spine. On 9-30-15, Utilization Review modified a request for physical therapy twice a week for six weeks for the cervical spine to six sessions of physical therapy and noncertified a request for gym membership for one year for cervical spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, twice a week for six weeks, for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The current request is for Physical Therapy, twice a week for six weeks, for the cervical spine. Treatment history includes rotator cuff surgery 2009, injections, physical therapy and medications. Work status: "Patient remains maximally medically improved." MTUS, Chronic Pain Medical Treatment Guidelines 2009, under Physical Medicine, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 09/17/15, the patient presents with neck pain with clicking, popping and grinding on range of motion. The patient also complains of left shoulder pain with clicking, popping and restricted range of motion. The treater noted that the patient had a revision rotator cuff surgery in 2009 followed by physical therapy for four to six months. The patient has been maintaining by participating in a gym program, and other than the gym program, "He has had no active treatment." The treater states, "the cervical spine was injured as part of this claim, and it would be appropriate to have physical therapy on the basis of future medical care for 12 visits." This patient has had extensive PT for the left shoulder, but no indication of treatment for the c-spine. An initial course of 9-10 sessions are supported by MTUS. The current request for 12 sessions, exceeds what is recommended by MTUS. Therefore, the request is not medically necessary.

Gym Membership for one year for the cervical spine and left shoulder: 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 Chapter, 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) Lower back - Thoracic & Lumbar (acute & chronic) chapter under Gym memberships.

Decision rationale: The current request is for Gym Membership for one year for the cervical spine and left shoulder. Treatment history includes rotator cuff surgery 2009, injections, physical therapy and medications. Work status: "Patient remains maximally medically improved." MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines Lower back " Thoracic & Lumbar (acute & chronic) chapter under Gym memberships states: Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home 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. Per report 09/17/15, the patient presents with neck pain with clicking, popping and grinding on range of motion. The patient also complains of left shoulder pain with clicking, popping and restricted range of motion. The physician noted that the patient had a revision rotator cuff surgery in 2009 followed by physical therapy for four to six months. The patient has been maintaining by participating in a gym program, and other than the gym program, "He has had no active treatment." The treater recommended a gym membership as it "would be valuable to maintain for the exercise, maintenance, and control of both his neck and his shoulder." Although exercise is encouraged and supported by ACOEM, the treater has not provided any discussion regarding the medical necessity of a gym membership. There is no discussion regarding the need for specialized gym equipment. Guidelines do not generally support gym memberships as a medical treatment as there is no professional medical oversight to establish goals and monitor progression. Therefore, the request is not medically necessary.