

<b>Case Number:</b>	CM15-0196898		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 40 year old female who sustained an industrial injury on 03-10-2014. According to a progress report dated 09-01-2015, the injured worker was seen for evaluation of neck and shoulder pain. She was last seen on 08-04-2015, which was her initial office visit. She was currently going through a vocational retraining process. She was doing "well" with Motrin. It helped with some of the inflammation, but did not take all the pain away. There was tenderness over the cervical paraspinal musculature up to the trapezius bilaterally. She was able to abduct the shoulders to about 160 degrees. She could flex to about 160 degrees. She had weakness with abduction and flexion. Diagnoses included chronic bilateral shoulder trapezial pain with radiation down into the neck and upper extremities. MRI of the right shoulder performed on 02-07-2015 showed mild synovitis subdeltoid bursa, mild tendinopathy of the supraspinatus and hypertrophy at the right AC joint. MRI of the left shoulder performed on 02-07-2015 showed a small tear at the glenoid labrum, low grade strains at the rotator cuff and small inflammation at subdeltoid bursa. MRI of the cervical spine from 02-10-2015 showed subtle degenerative joint disease at the facet joints on the right T1-T2 and T2-T3 otherwise negative. The injured worker did not have exercise equipment at home. The provider noted that strengthening in the shoulder area was needed and that lateral pull down machines and a pulley exercise might be of benefit. The provider also noted that the injured worker had tried Motrin without benefit and physical therapy and acupuncture without significant benefit. She still had numbness and tingling that would radiate down her upper extremities. The treatment plan included gym membership for 6 months, 6 sessions of physical therapy for instructions on exercise program at home and a 30 day trial of a TENS unit. Work status included restrictions. Follow up was indicated in 1 month. An authorization request dated 09-14-2015 was submitted

for review. The requested services included gym membership for 6 months, physical therapy 6 sessions and a 30 day trial of TENS unit. On 09-18-2015, Utilization Review non-certified the request for gym membership x 6 months, TENS unit trial x 30 days and modified the request for physical therapy x 6.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Gym membership x 6 months: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 53.

**Decision rationale:** There is no evidence to support a gym membership alone would benefit pain management. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. In this case, there is already a request for 6 sessions of physical therapy. Even with physical therapy or home exercises, most shoulder conditions do not require 6 months of therapy. Consequently, a gym membership is not medically necessary.

#### **TENS Unit trial x 30 days: 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) Neck and upper back (Acute and Chronic); ODG Shoulder; ODG Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. Neurological exam was not noted during the time of request. The request for a TENS unit is not medically necessary.

#### **Physical therapy x 6: Upheld**

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

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

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. In this case, the claimant has completed an unknown amount of therapy in the past. There was no improvement with this as noted in this progress notes. The request for additional 6 sessions of therapy is not medically necessary.