

Case Number:	CM15-0022244		
Date Assigned:	02/11/2015	Date of Injury:	04/18/2007
Decision Date:	03/25/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/05/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45 year old male sustained an industrial injury on 4/18/07, to bilateral shoulders and lumbar spine. The injured worker underwent multiple surgical interventions to the right shoulder from 2010 until 2012 due to a rotator cuff tear. The injured worker also underwent left shoulder arthroscopy (5/4/11) and L5-S1 microdiscectomy (9/14/11). Magnetic resonance imaging right shoulder arthrogram (8/7/13) showed a focal tear in the rotator cuff interval with labral fissuring, osteoarthritis and bicipital tenosynovitis. In the most recent PR-2 dated 9/19/14, the injured worker complained of neck pain with radiation to the right upper extremities with numbness and tingling, low back pain with radiation to the right lower extremities with numbness and tingling and bilateral shoulder pain with weakness, numbness and tingling as well as anxiety, depression, stress and insomnia. Physical exam was remarkable for restricted bilateral shoulder range of motion and upper extremity motor weakness in bilateral deltoids, supraspinatus and internal and external shoulder rotators with sensation intact throughout. The treatment plan included continuing with home exercises and current medications (Tylenol #3 and Prilosec). On 1/19/15, Utilization Review non-certified a request for a gym membership, citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership: Upheld

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

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

Decision rationale: The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. ODG states, gym memberships are 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. The official disability guidelines go on to state; “Furthermore, treatment needs to be monitored and administered by medical professionals.” The treating physician does not actually detail the need for any specific equipment. Additionally, treatment notes do not detail what revisions to the physical therapy home plan has been attempted and/or failed that would necessitate the use of gym membership. As such, the request for GYM Membership is not medically necessary.