

Case Number:	CM15-0216070		
Date Assigned:	11/05/2015	Date of Injury:	01/18/2003
Decision Date:	12/16/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/02/2015

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: New Jersey

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 71 year old female, who sustained an industrial injury on 1-18-2003. The medical records indicate that the injured worker is undergoing treatment for shoulder pain, wrist pain, and atypical facial pain. According to the progress report dated 10-16-2015, the injured worker presented with complaints of 1 out of 10 pain in her bilateral wrists and right sided facial pain and tinnitus. She states that overall her chronic pain is well controlled to the point she has been able to discontinue all her oral pain medications. She notes that her balance and strength have improved with continued exercise at the gym. The physical examination reveals good range of motion with less tenderness in the cervical spine and bilateral wrists. There is good range of motion in the left shoulder. Previous diagnostic studies include electrodiagnostic testing. Treatments to date include medication management, ice, heat, aqua therapy, TENS unit, traction machine, elliptical, chiropractic, and acupuncture. Work status is not indicated. The original utilization review (10-23-2015) partially approved a request for 6 month gym membership (original request was for 12 months).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership (months) Qty: 12.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Gym membership.

Decision rationale: The MTUS states that exercise is recommended for chronic pain, although there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The MTUS also recommends aquatic therapy as an optional exercise strategy in cases where land-based exercise or therapy is not tolerated, as it can minimize the effects of gravity, and may be appropriate for a patient that is extremely obese. The MTUS does not specifically address gym memberships. The ODG discusses when a gym membership is recommended for [body part] injuries. It states that the gym membership is only recommended when a home exercise program has not been effective and there is a need for equipment. Plus treatment needs to be monitored and administered by medical professionals, such as a physical therapist for example. Unsupervised exercise programs do not provide any information back to the treating physician, which is required to make adjustments if needed and to prevent further injury. In the case of this worker, documentation revealed this worker attending a gym regularly and using a physical therapist to monitor her for her exercises as well as for aquatic therapy, which has led to dramatic reductions in medication use and improvements in function. Although there was no evidence to suggest she needed aquatic therapy or a gym to perform exercises, in the opinion of this reviewer her significant recovery due to the exercises performed in the gym outweigh this requirement. The previous reviewer suggested that only 6 months of gym membership should be approved, but this was not explained or justified. The request for a full year is reasonable and medically necessary as there was no indicated found in the notes that the worker's situation would change within one full year.