MAXIMUS Federal Services

Case Number:	CM15-0047572		
Date Assigned:	03/19/2015	Date of Injury:	03/01/2011
Decision Date:	04/24/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/12/2015

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: Texas, Illinois
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:

The injured worker is a 57-year-old female, with a reported date of injury of 03/01/2011. The diagnoses include bilateral shoulder dysfunction and adhesive capsulitis, chronic cervical disc disease, myofascial trigger point in the left trapezius and upper back. Treatments have included an Arthrogram of the left shoulder, electrodiagnostic studies, an x-ray of the cervical spine, an MRI of the left shoulder, and an MRI of the cervical spine. The medical report from which the request originates was not included in the medical records provided for review. The medical report dated 05/21/2014 indicates that the injured worker had neck pain with radiation to the bilateral upper extremities. She stated that her worst pain was in the neck on the left above the shoulder. The injured worker indicated that she continued to have ongoing limited range of motion and problems with both shoulders. The physical examination showed decreased cervical range of motion, a trigger point in the mid trapezius and left posterior trapezius, symmetrical range of motion of the shoulders, and decreased sensation at C6 and C7 on the left. The treating physician requested a one year gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym membership, per 02/03/15 Qty: 1.00: 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), Shoulder, Gym memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Gym memberships.

Decision rationale: The injured worker sustained a work related injury on 03/01/2011. The medical records provided indicate the diagnosis of bilateral shoulder dysfunction and adhesive capsulitis, chronic cervical disc disease, myofascial trigger point in the left trapezius and upper back. Treatments have included an Arthrogram of the left shoulder. The medical records provided for review do not indicate a medical necessity for One year gym membership, per 02/03/15 Qty: 1.00. While the MTUS recommends a fading treatment of physical therapy for a total of 10 visits for most musculoskelateal conditions, and 24 visits for reflex sympathetic dystrophy, the MTUS is silent on Gym membership. The Official Disability Guidelines does not recommend Gym memberships as a medical treatment unless a home exercise program has not been effective and there is a need for equipment. Also, the guidelines requires that the treatment needs to be monitored and administered by medical professionals.