

Case Number:	CM15-0243861		
Date Assigned:	12/23/2015	Date of Injury:	01/19/2010
Decision Date:	01/28/2016	UR Denial Date:	12/10/2015
Priority:	Standard	Application Received:	12/15/2015

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, California

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 female who sustained an industrial injury on January 09, 2010. The IW is status post open biceps tendodesis, SAD, and DCE October 2014 and status post right arthroscopic RTC repair 2013. The IW is being treated for: right shoulder injury. Subjective: reported complaint of right shoulder "Still hurts," but overall the most recent surgery "helped the pain." The IW further reported after PT sessions noted with improved pain and motion and still working on strengthening. July 2015 follow up reported complaint of right shoulder pain along with neck and left shoulder pain. Objective: right shoulder ROM noted restricted and left shoulder with limited motion. Medication: June 2015: Norco and Flexeril. July 2015: Flector patches, and Flexeril. Treatment: activity modification, medication, surgeries, injection June 17, 2015 right shoulder "without any benefit, actually temporarily made pain worse." pain management an FRP; completed 24 visits post operative PT; POC November 2015 noted denial for RFA MRI left shoulder. On December 07, 2015 a request was made for 3 month gym membership and FCE that were noncertified by Utilization Review on December 10, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership Qty 3 Months: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain; 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 a particular gym 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 x3 months is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, Functional Capacity Evaluation (FCE).

Decision rationale: MTUS is silent specifically regarding the guidelines for a Functional Capacity Evaluation, but does cite FCE in the context of a Work Hardening Program. An FCE may be used to assist in the determination to admit a patient into work hardening program. Medical records do not indicate that this is the case. ACOEM states, "Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability." The treating physician does not indicate what medical impairments he has difficulty with assess that would require translation into functional limitations. ODG states regarding Functional Capacity Evaluations, "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." The treating physician does not detail specifics regarding the request for an FCE, which would make the FCE request more "general" and not advised by guidelines. ODG further states, Consider an FCE if: 1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts; Conflicting medical reporting on precautions and/or fitness for modified job; Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate; Close or at MMI/all key medical reports secured; Additional/secondary conditions

clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance; The worker has returned to work and an ergonomic assessment has not been arranged. Medical records do not indicate the level of case management complexity outlined in the guidelines. The treating physician is not specific with regards to MMI. As such, the request for a Functional Capacity Evaluation is not medically necessary at this time.