

Case Number:	CM14-0141701		
Date Assigned:	09/10/2014	Date of Injury:	03/17/2010
Decision Date:	10/10/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient has a reported date of injury of 03/17/2010. The patient has the diagnoses of cervical strain with some radiculitis, labral tear of the shoulder, brachial plexus irritation of the upper extremity and depression with sleep disturbance. Per the most recent progress notes provided by the primary and requesting physician dated 07/23/2014, the patient had complaints of persistent neck and left shoulder pain. The physical exam noted tenderness along the cervical paraspinal muscles, the trapezius and shoulder girdle. The treatment recommendations included MR arthrogram of the left shoulder and MRI of the cervical spine, gym membership and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for a 3 month trial: 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): Gym memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines exercise, Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) gym membership,

Decision rationale: The California chronic pain medical treatment guidelines section on exercise states: Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. (State, 2002) (Airaksinen, 2006) The California MTUS does recommend exercise as a treatment option in chronic pain. However, it does not specifically endorse gym memberships. The ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment not available at home. The provided documentation does not show a failure of a home exercise program nor does it explain the need for certain equipment at a gym. In the absence of such failure and no documented need for specialized equipment, the guideline criteria have not been met. Therefore, the request is not medically necessary and appropriate.