

<b>Case Number:</b>	CM14-0151423		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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:

According to the records made available for review, this is a 57-year-old female with an 8/1/12 date of injury. At the time (8/26/14) of request for authorization for physical therapy for the neck, once weekly for six weeks and a one year health club membership, there is documentation of subjective (neck and right shoulder pain) and objective (restricted neck range of motion, positive Spurling's sign, and tenderness over right shoulder) findings, current diagnoses (right shoulder subacromial impingement syndrome and cervical degenerative disc disease, and cervical radiculitis), and treatment to date (medications). Medical report identifies that patient has not had any physical therapy in the past; and a request for health club membership to provide a safe environment to work on home exercise program. Regarding a one year health club membership, there is no documentation of a need for equipment, and that treatment is monitored and administered by medical professionals.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the neck, once weekly for six weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 474.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation ODG Neck & Upper Back, Physical Therapy (PT)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. ODG recommends a limited course of physical therapy for patients with a diagnosis of cervical radiculitis not to exceed 12 visits over 10 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of right shoulder subacromial impingement syndrome and cervical degenerative disc disease, and cervical radiculitis. In addition, there is documentation that patient has not had any physical therapy in the past. Furthermore, given documentation of subjective (neck pain) and objective (restricted neck range of motion) findings, there is documentation of functional deficits and functional goals. Therefore, based on guidelines and a review of the evidence, the request for physical therapy for the neck, once weekly for six weeks is medically necessary.

**One year health club membership:** 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) Low Back, Gym Membership

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. ODG identifies documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals, as criteria necessary to support the medical necessity of gym membership. Within the medical information available for review, there is documentation of diagnoses of right shoulder subacromial impingement syndrome and cervical degenerative disc disease, and cervical radiculitis. In addition, there is documentation of a request for health club membership to provide a safe environment to work on home exercise program. However, there is no documentation of a need for equipment, and that treatment is monitored and administered by medical professionals. Therefore, based on guidelines and a review of the evidence, the request for authorization for a one year health club membership is not medically necessary.