

Case Number:	CM14-0212307		
Date Assigned:	02/05/2015	Date of Injury:	02/11/2013
Decision Date:	03/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female, who sustained an industrial injury on February 11, 2013. The diagnoses have included cervical spine multilevel spondylosis, thoracic spine sprain/strain, lumbar spine annular tear at L4-L5, right shoulder impingement with moderate supraspinatus tendinosis with a tear, bilateral hand carpal tunnel syndrome and non-orthopedic complaints including, gastrointestinal upset, stress and anxiety. Treatment to date has included Magnetic resonance imaging of the shoulder, cervical spine, and lumbar spine electromyogram of upper and lower extremities. Currently, the injured worker complains of right shoulder, neck and bilateral hand pain. In a progress note dated October 15, 2014, the treating provider reports examination of the cervical spine, has stiffness and spasms mainly on the right, tenderness of the anterolateral aspect of the right shoulder, positive impingement on 1 and 2 testing, and positive Tine's and Phalen's in bilateral wrists. On November 19, 2014 Utilization Review non-certified a gym membership times twelve months, and physical therapy two times six, twelve sessions right shoulder, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 month gym 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, and the State of Minnesota Worker's Compensation Treatment Parameter Rules, TP-59

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Online Shoulder Chapter, Gym Membership

Decision rationale: The patient presents with shoulder pain. The current request is for 12 month gym membership. The treating physician states, "She continues to have pain in the shoulder, as well as neck and bilateral hands. With regards to activities, the patient is very motivated; she would like to get back to some sort of work. But she feels that she requires good, aggressive home exercise program. She is interested in a gym membership to facilitate her working on exercises for back, neck and shoulder; which I think is reasonable." (B. 38/40) The ODG Guidelines state, "Not recommended as a medical prescription unless 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." In this case, the treating physician has not indicated that a home exercise program has failed. The patient also indicates that she needs a good aggressive home exercise program. The current request is not monitored or administered by medical professionals, which is required by the guidelines. Ultimately, the current request is not supported by the ODG Guidelines. Recommendation is for denial.

Physical therapy twice a week for six weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with shoulder pain. The current request is for Physical therapy twice a week for six weeks for the right shoulder. The treating physician states, she continues to have pain in the shoulder, as well as neck and bilateral hands she has done physical therapy and has seen improvement in her shoulder; symptoms have returned. She would like to continue with conservative treatment and try to avoid any aggressive surgical intervention. The MTUS Guidelines recommend physical therapy 8-10 sessions for myalgia and neuritis type conditions. The current request exceeds the MTUS recommendations in addition, the treating physician has indicated that the patient's symptoms have returned after completing a previous set of physical therapy sessions. There does not seem to be supporting documentation to explain the need for additional physical therapy session. The current request is not supported by the MTUS guidelines. Recommendation is for denial.