

Case Number:	CM14-0214637		
Date Assigned:	01/07/2015	Date of Injury:	10/03/2006
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/22/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 is a 51 year old male with date of injury 10/03/06. The mechanism of injury is stated as cumulative trauma. The patient has complained of neck pain, bilateral upper extremity pain and low back pain since the date of injury. He has been treated with lumbar spine fusion surgery and left shoulder decompressive surgery as well as left cubital tunnel release and left carpal tunnel release surgeries. He has also been treated with physical therapy and medications. Objective: decreased and painful range of motion of the left shoulder, decreased and painful range of motion of the lumbar spine, tenderness to palpation of the bilateral lumbar paraspinal musculature, decreased sensation in the L4-S1 dermatomes on the left and positive straight leg raise on the left. Diagnoses: failed back surgery syndrome, lumbar radiculopathy, left shoulder internal derangement. Treatment plan and request: gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services; Physical Medicine Page(s): 51, 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Gym Membership

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

Decision rationale: This 51 year old male has complained of neck pain, bilateral upper extremity pain and low back pain since the date of injury. He has been treated with lumbar spine fusion surgery and left shoulder decompressive surgery as well as left cubital tunnel release and left carpal tunnel release surgeries. He has also been treated with physical therapy and medications. The current request is for a gym membership. This patient has previously been treated with physical therapy sessions pre-operatively and post-operatively. There is inadequate documentation supporting why the patient cannot continue back rehabilitation on a home exercise program, which is recommended for chronic pain and dysfunction. There is also little reported benefit to date of prior improvement in function and pain with physical therapy. On the basis of the MTUS guidelines and the patient's previous treatments, the request for a gym membership is not indicated as medically necessary.