

Case Number:	CM14-0214668		
Date Assigned:	01/07/2015	Date of Injury:	01/05/2011
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
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: California
 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 patient is a 49-year-old female with an injury date of 01/05/2011. Based on the 09/30/2014 progress report, the patient complains of cervical spine pain and severe spasms/burning/aching pain in the right side of the upper/neck region. She rates her pain as an 8-9/10. The patient has gained 17 pounds, has trouble sleeping, is tired most of the time, has vision problems, has dizziness, and has bad headaches. The 10/15/2014 report indicates that the patient continues to have pain in her neck. She rates her pain as a 6-7/10 at rest and a 7-8/10 with activity. Deep palpation over well-circumscribed trigger point in the left cervical paraspinal and parascapular muscles causes a twitch response, radiation of pain into the shoulder blade, and reproduction of her symptoms. The 11/26/2014 report indicates that the patient continues to have severe pain. She has tenderness to palpation in upper thoracic myofascial trigger points. Cervical facet loading is positive corresponding to the upper thoracic facet joints identified with bony landmarks. The patient's diagnoses include the following: 1. Thoracic facet arthropathy. 2. Myofascial pain. 3. Cervical degenerative disk disease. 4. Cervical radiculopathy. 5. Cervical myofascial pain. The utilization review determination being challenged is dated 12/11/2014. There are 4 treatment reports provided from 08/28/2014 - 11/26/2014.

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 Physical medicine, Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder chapter, Gym memberships

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee and leg chapter, gym memberships

Decision rationale: The ODG, knee and leg chapter, gym memberships, 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." The 11/26/2014 report states, "She states she does not have exercise equipment available to her to do regular exercises." Although the patient indicates that she does not have exercise equipment available to her, there is no discussion regarding how the patient is to be medically supervised. In this case, the report does not provide necessary documentation as guidelines recommend. Therefore, the requested gym membership is not medically necessary.