

Case Number:	CM15-0120586		
Date Assigned:	07/01/2015	Date of Injury:	01/31/2013
Decision Date:	07/30/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/22/2015

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: Emergency Medicine

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 63 year old female who sustained an industrial injury on 01/31/2013. The injured worker was diagnosed with right rotator cuff tear, cervical spine myofascial pain syndrome, bilateral carpal tunnel syndrome, ulnar entrapment at the right elbow and left knee sprain. There were no surgical interventions documented. Treatment to date has included diagnostic testing including recent left knee and right shoulder magnetic resonance imaging (MRI) in March 2015, acupuncture therapy, physical therapy, trigger point injections, aquatic therapy, bilateral wrist braces and medications. According to the primary treating physician's progress report on April 13, 2015, the injured worker continues to experience neck, left knee, and bilateral shoulder pain and hand numbness. The injured worker rates her neck pain level at 5/10, left knee and shoulder pain at 6-8/10 without medications and 2/10 with medications. Examination of the cervical spine demonstrated slight restriction in range of motion in all planes. Multiple myofascial trigger points and taut bands were noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus and thoracic paraspinal muscles. Neck compression test was positive. The bilateral shoulder examination revealed moderately decreased range of motion in all directions with positive impingement test on the right. Examination of the left knee was slightly diminished with McMurray's and Apley's tests positive bilaterally. Sensation to light touch and pinprick was decreased in the lateral aspect of the right arm and bilateral feet. Grip strength was decreased in the right hand at 4/5. Motor power of the proximal right upper extremity was +4/5 and the left upper extremity was -5/5. Ankle jerks were absent bilaterally. Current medications are listed as Tramadol and Wellbutrin. Treatment plan consists of urine drug screening, relaxation and breathing meditation techniques, home

stretching exercises, right shoulder surgery, continuing with medication regimen and the current request for a gym membership for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for three months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines, Gym Memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Pages 46-47 Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back & Lumbar & Thoracic, (Acute & Chronic), Gym Memberships.

Decision rationale: The requested Gym membership for three months, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Exercise, Pages 46-47, note that exercise is "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 insufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." Official Disability Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic), Gym Memberships, note that gym memberships are "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. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient." The injured worker has neck pain level at 5/10, left knee and shoulder pain at 6-8/10 without medications and 2/10 with medications. Examination of the cervical spine demonstrated slight restriction in range of motion in all planes. Multiple myofascial trigger points and taut bands were noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus and thoracic paraspinal muscles. Neck compression test was positive. The bilateral shoulder examination revealed moderately decreased range of motion in all directions with positive impingement test on the right. Examination of the left knee was slightly diminished with McMurray's and Apley's tests positive bilaterally. Sensation to light touch and pinprick was decreased in the lateral aspect of the right arm and bilateral feet. Grip strength was decreased in the right hand at 4/5. Motor power of the proximal right upper extremity was +4/5 and the left upper extremity was -5/5. The treating physician has not documented failed home exercise or specific equipment needs that support the medical necessity for a gym membership. The treating physician has not documented monitored attendance nor objective evidence of derived functional benefit from completed gym usage, such as improvements in activities of daily living or reduced

work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Gym membership for three months is not medically necessary.