

Case Number:	CM15-0178029		
Date Assigned:	09/18/2015	Date of Injury:	03/10/2014
Decision Date:	10/21/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/10/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 40 year old female with a date of injury on 3-10-2014. A review of the medical records indicates that the injured worker is undergoing treatment for chronic, bilateral shoulder trapezial pain with radiation down into the neck and upper extremities. According to the physical medicine and rehabilitation consult dated 8-4-2015, the injured worker complained of pain on top of her shoulders going into the back of her shoulders and radiating up into her neck. She rated her pain seven to eight out of ten. She reported being unable to exercise since her injury. Per the treating physician (8-4-2015), the employee stopped working on 2-4-2015. The physical exam (8-4-2015) revealed tenderness to palpation on top of the trapezius diffusely. There was pain with cervical range of motion and shoulder range of motion. Treatment has included physical therapy, acupuncture, magnetic resonance imaging (MRI), work restrictions and medications. Current medications (8-4-2015) included Ibuprofen. The original Utilization Review (UR) (8-18-2015) denied a request for a gym membership. UR approved a request for Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) gym memberships.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that gym memberships are indicated when there is a need for specialized equipment and a failure of home exercise program. The membership must be under the direct supervision of a medical professional. There is no documentation of failure of home exercise program and therefore the request is not medically necessary.