

Case Number:	CM15-0179830		
Date Assigned:	09/21/2015	Date of Injury:	10/12/2014
Decision Date:	10/26/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injury on 10-12-14 resulting when she tripped and fell hitting her head on the counter injuring her head, neck and right shoulder. She complained of right posterior neck pain that radiates to the right trapezius, headaches, shoulder pain and upper extremity paresthesia. Medications included Ibuprofen, Lestrin and Norco. Diagnoses include chronic myofascial pain syndrome cervical spine; injury to right shoulder with abnormal MRI arthrogram of the right shoulder; mild bilateral C5 radiculopathy and mild right carpal tunnel syndrome. The medical records indicate she has constant pain in her right shoulder, neck and upper back. She received injection therapy to her right shoulder and interscapular area; trigger point injections (4) interscapular area muscles on 5-8-15. Diagnostic tests included MRI studies of the cervical spine, right shoulder and CT scan of her brain; electrodiagnostic studies on 2-14-15. The current progress report on 7-31-15 indicates she has headaches that are now less intense with her current medications; frequent neck and upper back pain; and right shoulder pain. The pain is rated 5 out of 10 without medications. She states that she has gotten greater than 70-80% improvement with the trigger point injections which improve her mobility for more than 6 weeks at a time and reduce pain by more than 50%. Her activities of daily living with less discomfort include sitting, bending, lifting, walking, bathing cooking, sleeping and socializing. Range of motion cervical spine were slightly restricted in all planes; multiple myofascial trigger point and taut bands noted throughout the cervical paraspinal, trapezius and infraspinatus muscles; right shoulder range of motion were slightly restricted in all directions. Swimming pool exercises were recommended to aid in general strengthening, physical conditioning and mood elevation. Current requested treatments include repeat steroid injection to right shoulder; gym membership with pool x 3 months. Utilization review 9-2-15 requested treatments are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat steroid injection to right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for steroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Steroid injections.

Decision rationale: The claimant sustained a work injury in October 2014 and is being treated for headaches, neck pain, and right shoulder and upper extremity pain as the result of a fall. A right intraarticular shoulder injection was performed in May 2015. When seen, she was having frequent neck, upper back, and right shoulder pain with frequent right hand numbness. Her headaches were less intense. Physical examination findings included slightly decreased cervical and right shoulder range of motion. Multiple trigger points were present. There was decreased right finger sensation and right grip strength. Trigger point injections were performed. Authorization for a three month gym membership with a pool for swimming and for a repeat shoulder injection were requested. A steroid injection is recommended as an option which shoulder pain is not controlled adequately by recommended conservative treatments including physical therapy, exercise, and medications after at least three months. Criteria include a diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems. In this case, an intraarticular injection is being requested which would be for the treatment of osteoarthritis which is not a qualifying diagnosis. The repeat injection is not considered medically necessary.

Gym membership with pool x 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in October 2014 and is being treated for headaches, neck pain, and right shoulder and upper extremity pain as the result of a fall. A right intraarticular shoulder injection was performed in May 2015. When seen, she was having frequent neck, upper back, and right shoulder pain with frequent right hand numbness. Her headaches were less intense. Physical examination findings included slightly decreased cervical and right shoulder range of motion. Multiple trigger points were present. There was decreased right finger sensation and right grip strength. Trigger point injections were performed. Authorization for a three month gym membership with a pool for swimming and for a repeat shoulder injection were requested. A gym membership is not recommended as a

medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documentation of a prescribed exercise program or need for specialized equipment. The requested gym membership is not medically necessary.