

Case Number:	CM15-0027361		
Date Assigned:	02/19/2015	Date of Injury:	02/05/2013
Decision Date:	04/02/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/13/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, 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 injured worker is a 51 year old female, who sustained an industrial injury on 4/27/12. She has reported pain in both hands, arms and right shoulder. The diagnoses have included carpal tunnel syndrome, cervicgia and myofascial pain syndrome. Treatment to date has included cervical MRI, trigger point injections, bilateral carpal tunnel release and oral medications. As of the PR2 dated 11/5/14, the injured worker reports recurrent pain in the bilateral shoulders and is requesting a repeat trigger point injection. The treating physician noted good range of motion in the shoulders, but tenderness in the trapezial and parascapular muscles. On 12/23/14, the injured worker received another trigger point injection in the bilateral trapezial/parascapular muscles. The treating physician requested a gym membership. On 2/2/15 Utilization Review non-certified a request for a gym membership. The utilization review physician cited the ODG shoulder guidelines. On 2/11/15, the injured worker submitted an application for IMR for review of a gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership neck, shoulder, bilateral upper extremities: 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), Gym memberships, Forearm, Wrist & Hand.

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

Decision rationale: The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. ODG states, "gym memberships are 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." The official disability guidelines go on to state "Furthermore, treatment needs to be monitored and administered by medical professionals."The medical records fail to demonstrate in the treatment notes what equipment is required that would necessitate the use of gym membership. As such, the request for Gym Membership is not medically necessary.