

Case Number:	CM14-0149722		
Date Assigned:	09/18/2014	Date of Injury:	10/16/2011
Decision Date:	10/23/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 16, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier shoulder surgery; earlier ankle surgery; unspecified amounts of physical therapy; corticosteroid injection therapy; and extensive periods of time off of work. In a Utilization Review Report dated August 18, 2014, the claims administrator denied a request for a gym membership and an electrical stimulator. The applicant's attorney subsequently appealed. In an August 11, 2014 progress note, handwritten, difficult to follow, not entirely legible, the applicant reported persistent complaints of shoulder pain status post shoulder surgery. The applicant was asked to continue chiropractic manipulative therapy, a gym membership, and an electrical stimulator while remaining off of work, on total temporary disability. In an earlier note dated August 8, 2014, the applicant presented with worsened ankle pain. The applicant received an ankle corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Gym Memberships

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The gym membership sought by the attending provider, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request is not medically necessary.

Electrical Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic. Page(s): 116.

Decision rationale: The attending provider wrote that he intended for the applicant to continue with the apparently previously issued electrical stimulator. However, as noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both pain relief and function. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains highly dependent on various other forms of medical treatment, including corticosteroid injection therapy. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier usage of the electrical stimulator. Therefore, the request is not medically necessary.