

<b>Case Number:</b>	CM13-0066208		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/31/2006
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is an employee of [REDACTED] and has submitted a claim for neck and right shoulder pain with an industrial injury date of March 31, 2006. The treatment to date has included medications, physical therapy, home muscle stretching exercises, injections, right elbow and right ulnar nerve decompression surgery, right shoulder arthroscopy and bursectomy with subacromial decompression surgery, left carpal tunnel release, right carpal tunnel release, and left elbow epicondylectomy and ulnar nerve decompression surgery. A utilization review from December 9, 2013 denied the request for 1 gym or [REDACTED] membership for aquatic therapy exercise but has certified the request for 1 EMG/NCV (electromyogram/Nerve conduction velocity) of bilateral upper extremities. The medical records from 2012 through 2013 were reviewed, the latest of which was a progress report dated October 10, 2013, which showed that the patient complained of neck and right shoulder pain accompanied by intermittent pain and numbness of both upper extremities. Pain score was noted to be 4-5/10 without medications and was said to have made an impact moderately in the general activity. The patient also reported difficulty sleeping, depression, and anxiety. On physical examination, cervical spine range of motion was slightly restricted in all planes. There were multiple myofascial trigger points and taut bands throughout the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, and interscapular area muscles. Right shoulder range of motion was also slightly decreased in all directions. Sensation was decreased for the left thumb and right 3rd and 4th digits. Hyperalgesia was noted in the left elbow/ forearm area. Grip strength was 4/5 for both hands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 GYM OR ████████ MEMBERSHIP FOR AQUATIC THERAPY EXERCISE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. In this case, the patient is not noted to be obese or requires reduced weight bearing exercises. Therefore, the request for 1 gym or ████████ membership for aquatic therapy exercise is not medically necessary.