

<b>Case Number:</b>	CM13-0072200		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	02/08/2011
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Family Practice, and is licensed to practice in New Jersey. 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 worker is a 40 year old male who injured his left shoulder on 2/8/11. He was diagnosed with a left shoulder contusion/axial loading blow, left shoulder subacromial bursitis, left shoulder impingement, left shoulder rotator cuff tendinosis with subacromial/subdeltoid bursitis, mild AC joint chang, biceps tenosynovitis, and later with left lateral epicondylitis and left mild de Quervain's symptoms since this date. After conservative treatment failing essentially, the worker underwent a left shoulder arthroscopic subacromial decompression and extensive debridement of partial tearing of subscapularis and labrum 1/28/13. Following the surgery the orthopedic physician that performed the surgery encouraged him to do physical therapy for his shoulder, and a home exercise program for his shoulder, left elbow and wrist/hand, and was also recommended that he take Norco, tramadol, Senokot, Colace, and Flexeril for his post surgery pain and muscle spasms. He was also recommended and chiropractic therapy. During this period which appeared, according to the provided records, to be nearly 10 months, he was getting chiropractic care and was also being assessed by his orthopedic surgeon for at least 9 appointment over this time period to monitor his improvement related to his chiropractic manipulation, primarily. On 10/18/13, his orthopedic surgeon reported in his progress note that the worker still complained of left shoulder pain rated at a 6/10, which were somewhat releaved temporarily with his chiropractic therapy, home exercising, and medications, but that he was having increased left shoulder pain over the prior 3 months. The treating surgeon requested a gym membership with access to a pool for the purpose of the worker doing an aquatic exercise program, with the request for the worker to follow-up with them after 4 weeks.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,45-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Gym membership.

**Decision rationale:** The MTUS Chronic Pain Guidelines states that exercise is recommended for chronic pain, although there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The MTUS Chronic Pain Guidelines also recommends aquatic therapy as an optional exercise strategy in cases where land-based exercise or therapy is not tolerated, as it can minimize the effects of gravity, and may be appropriate for a patient that is extremely obese. The ODG discusses when a gym membership is recommended for shoulder injuries. It states that the gym membership is only recommended when a home exercise program has not been effective and there is a need for equipment. Plus treatment needs to be monitored and administered by medical professionals, such as a physical therapist for example. The treating orthopedic surgeon requested the gym membership for the purpose of the worker using a pool to do aquatic exercises, according to the provided progress notes, but did not specify which health care professional would be supervising him. The medical records provided for review also did not indicate what exercises he would be doing or for how often, how and why he is unable to tolerate land-based exercises, or specifically why this is necessary over his current home exercise regimen in order to justify the request. The request is therefore not medically necessary and appropriate.

**FOLLOW-UP VISIT IN FOUR WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127.

**Decision rationale:** The ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. ACOEM Guidelines suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, the physician requesting the follow-up office visit was the orthopedic surgeon that performed the patient's left shoulder surgery on 1/28/13, after at least 9 prior appointments with the physician following the surgery, according to the documents provided. The worker did not exhibit, as evidenced from the documents provided for review, any unclear causation of his diagnosis or degree of impairment

that would require continued supervision and direction from the specialist 10 months past his surgical procedure that couldn't be done by the worker's primary treating physician. The visits with this secondary specialist orthopedic surgeon seemed to be primarily to monitor the worker's progress with chiropractic care as well as the worker's home or potential away from home exercising. This could also be monitored by his primary treating doctor. Therefore, the follow-up visit in four weeks with this secondary specialist is not medically necessary and appropriate.