

Case Number:	CM14-0017115		
Date Assigned:	04/14/2014	Date of Injury:	04/12/2012
Decision Date:	05/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/11/2014

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 Family Practice and is licensed to practice in Texas. 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 injured worker is a 56-year-old female who reported an injury on 04/12/2012. The mechanism of injury was not provided for review. The injured worker ultimately underwent arthroscopic decompression in 12/17/2012. The injured worker had residual chronic pain. The injured worker's postsurgical treatment plan include physical therapy and corticosteroid injections that did not provide significant benefit. The injured worker was evaluated on 03/19/2014. It was documented that the injured worker had left shoulder pain rated at a 6/10 to an 8/10 without medications. Physical findings included decreased range of motion in all planes, with decreased sensation in the left forearm and arm. It was noted that the injured worker had decreased grip strength described as +4/5 in the left hand with mild atrophy of the deltoid muscle. The injured worker's diagnoses included pain and numbness of the left arm, morbid obesity and status post arthroscopic surgery of the left shoulder. The injured worker's treatment plan included the continuation of medications, a urine drug screen, a home exercise program, an aquatic therapy exercise program, deep breathing-type medication and relaxation techniques and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY EXERCISES ON A DAILY BASIS TO BE PERFORMED AT A GYM OR ██████ Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter Updated 12/27/13 - Gym Memberships.

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

Decision rationale: The requested aquatic therapy on a daily basis, to be performed at a gym or [REDACTED], is not medically necessary or appropriate. The Chronic Pain Medical Treatment Guidelines recommends aquatic therapy for injured workers who require a nonweightbearing status to participate in active therapy. The clinical documentation does indicate that the injured worker is participating in a home exercise program that is presumably land-based. There is no justification for the need for a nonweightbearing environment. The Chronic Pain Medical Treatment Guidelines does not address gym memberships. The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless the injured worker has failed to progress through a home exercise program and requires equipment that cannot be provided within the home. The clinical documentation submitted for review does indicate that the injured worker is participating in a home exercise program. There was no justification for the need for aquatic therapy. Therefore, there is no need for equipment that cannot be provided within the home. As such, the requested aquatic therapy exercise on a daily basis, to be performed at a gym or [REDACTED] is not medically necessary or appropriate.