

Case Number:	CM14-0128598		
Date Assigned:	08/18/2014	Date of Injury:	08/23/2005
Decision Date:	09/24/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/13/2014

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 Orthopedic Surgery 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:

This is a 56-year-old gentleman who sustained a vocational injury on 08/23/05. The medical records provided for review document that the claimant underwent an ultrasound of the bilateral elbows on 05/14/14, which showed left common extensor tendon edema/fibrosis/micro tears, left distal biceps tendinitis (radial tuberosity) left ulnar neuritis (subluxation), left normal triceps tendon/olecranon fossa and a right normal elbow. A physical therapy note from 05/21/14 documented that the claimant had had approximately three months of formal physical therapy and that he felt tension with reaching activities, especially in abduction and internal rotation. The recommendation was made for continued skilled, supervised physical therapy and the benefits of a long term, independent exercise program perhaps via a gym membership. The office note dated 06/17/14, documented that the claimant was using a home exercise kit intermittently. The request for an ergonomic re-evaluation was denied. It was noted that the claimant still exhibited decreased strength capacity and was in need of a gym membership. The claimant complained of constant, left elbow pain, which was noted to be burning. There was no numbness or tingling. He complained of left thumb pain and occasional numbness and complained of increased pain the previous week when he was packing his office. It was noted that the claimant had undergone a subacromial decompression and Mumford procedure of the left shoulder. Documentation suggests that the claimant continued attending physical therapy for the left shoulder. The current request is for an in house surgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

In house surgical consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: California ACOEM Guidelines note that consultation is provided to aid in the diagnosis, prognosis, and therapeutic management as well as determination of medical stability and permanent residual loss and/or examination of fitness for return to work. The consultant is typically asked to act in an advisory capacity and may sometimes take full responsibility for investigation and/or treatment of examining the patient. The current request for an in house surgical consultation is not entirely clear as the specific need for the request is not noted in the documentation or the request presented for review. In addition, there is a lack of documentation that the claimant has undertaken an exhaustive course of traditional first-line conservative treatment, and documentation also suggests that the claimant is under the care for the previous left shoulder condition and surgery. Therefore, based on the documentation presented for review and the lack of documentation establishing the medical necessity, and based on California ACOEM Guidelines, this request is not medically necessary.

Gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back chapter: Gym memberships.

Decision rationale: California ACOEM Guidelines note that for claimants to achieve functional recovery, the claimants must resume certain responsibilities. It is important that the patient stays active or increase activity to minimize disuse, atrophy, aches and musculoskeletal pains and raise endorphin levels. They must adhere to exercise and medication regimens, keep appointments, and take responsibilities for their moods and emotional states. They must work within medical restrictions and refuse unreasonable requests by coworkers and supervisors to function of limitations in a way that could endanger their safety or health. Official Disability Guidelines (ODG) also notes that 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. Documentation suggests that the claimant is pursuing only an intermittent home exercise program and there is a lack of documentation that the current intermittent use is insufficient or that the claimant could not pursue more aggressive home exercise program. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines as well as Official Disability Guidelines, the request for the gym membership is not medically necessary.

