

Case Number:	CM14-0134440		
Date Assigned:	08/27/2014	Date of Injury:	12/02/2010
Decision Date:	09/26/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/21/2014

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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 37 years old female with an injury date on 12/02/2010. Based on the 07/17/2014 progress report provided by [REDACTED], the diagnoses are: 1.Cervical sprain 2.Thoracic out syndrome 3.Bilateral upper extremity radiculopathy-neuropathy 4.Bilateral ulnar neuritis 5.Chronic pain 6.Left shoulder sprain-strain, apparently secondary to TOS with possible shoulder derangement, labral tear. According to this report, the patient complains of left upper extremity pain. Pain is ranges from a 3/10 to a 7/10. "The opiates bring it down substantially on the order of 2-3 points on the occasions that they need it." Physical therapy, medications and massaged "has been substantially helpful." Physical exam reveals restricted range of motion of the right shoulder and cervical spine. Tinsel's test is positive at the left cubital tunnel and at the distal wrist ulnar aspect. The thumb to little finger pinch is 3cm apart. Right Jamar testing is 60, 60, and 60; left is 8 with some aching and shaking out. There were no other significant findings noted on this report. The utilization review denied the request on 08/01/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/04/2013 to 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM/POOL MEMBERSHIP X6 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, SHOULDER CHAPTER.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) For gym membership.

Decision rationale: According to the 07/17/2014 report by treating physician, this patient presents with left upper extremity pain. The treating physician is requesting gym/pool membership x6 months "so the patient can do the warm water exercise, gym stretches and conditioning." The MTUS guidelines do not address gym memberships. The ODG guidelines states, "Not recommended as a medical prescription unless 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." Review of records show no documentation as to why exercises can't be performed at home. There is no rationale provided to indicate the medical necessity for gym membership. There is no reason why exercises cannot be performed at home. Therefore, the request is not medically necessary.