

Case Number:	CM15-0137637		
Date Assigned:	07/27/2015	Date of Injury:	04/15/2005
Decision Date:	08/25/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54-year-old male who sustained an industrial injury on April 15, 2005. The injured worker reported the development of pain secondary to his daily work activities. The injured worker was diagnosed as having mild bilateral sensory median and ulnar neuropathy, insomnia, and chronic bilateral medial epicondylitis. Treatment and diagnostic studies to date has included laboratory studies, surgery, multiple steroid injections, medication regimen, physical therapy and home exercise program. In a progress note dated May 28, 2015 the treating physician reports complaints of constant pain to the bilateral shoulders, right wrist, and the right arm. The treating physician also noted numbness to the right arm. The injured worker's pain level was rated a 6 to 8 out of 10 on a scale of 1 to 10 to the bilateral shoulders and a 5 to 8 out of 10 to the right wrist and right arm without the use of his medication regimen and rates the pain a 1 to 2 out of 10 with the use of his medication regimen. Examination revealed decreased cervical range of motion, decreased bilateral shoulder range of motion, tenderness to the trapezius, sternocleidomastoid, and strap muscle bilaterally, decreased bilateral elbow and wrist range of motion, tenderness to the medial epicondyle areas bilaterally, decreased sensation to the fourth and fifth digits of the left hand, and weakened grip to the bilateral hands. The treating physician requested a 3-month gym membership with a pool to assist with strengthening and conditioning to maintain gains, promote a healthy lifestyle, and elevate mood to increase a sense of well-being.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 months gym membership with a pool: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym Membership.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): Chp 3, page(s) 48-9; Chp 10 (Revised 2007) pg 4, 15, 20, 25-31; Chp 11 pg 264-7, 271-2, Chronic Pain Treatment Guidelines Exercise, Physical Medicine Page(s): 46-7, 98-9.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the PT office and at home is more likely to result in a return to functional activities. There is strong evidence that directed exercise could return an injured worker to work. However, the MTUS does not directly comment on use of a home exercise or gym membership to maintain functional gains achieved by physical therapy. It does note, though, that there is insufficient evidence to recommend one exercise program over another. Additionally, there are no evidenced-based controlled studies to either recommend or discourage use of home exercise or gym membership. Many physical therapists will give patients a home program that can be accomplished with use of simple elastic bands and other exercises that do not need expensive equipment to complete. This patient has completed physical therapy and was advanced to a home exercise program. There is no documentation that special equipment is required for neither the home exercise program nor a specific need to continue the physical therapy exercises in a gym environment. Medical necessity for a gym membership is not medically necessary.