

<b>Case Number:</b>	CM15-0180123		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	05/23/2007
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 67 year old male, who sustained an industrial injury on 5-23-07. The documentation on 6-25-15 noted that the injured worker has complaints of painful movements of his right shoulder and pain and numbness in his right hand and right arm that has varied from 6 to 7 out of 10 on a pain scale of 1 to 10 without medications. The injured worker says he does get greater than 70 to 80 percent improvement in both his overall pain and ability to function with his current medications of naproxen and tramadol which decrease his pain to 1 to 2 out of 10 and allows him to perform activities of daily living with less discomfort, such as sitting, walking, bending, lifting, bathing, cooking, sleeping and socializing. Range of motion of the cervical spine was grossly within normal limits. Range of motion of the right shoulder was slightly decreased in all directions. Range of motion of the right wrist and right elbow were slightly decreased in all directions. The documentation noted there was evidence of tightness and spasm at the right trapezius muscle upon palpation. The right proximal muscles were noted tested well due to pain in the right shoulder. There was mild-to-moderate muscle atrophy noted to the right deltoid, right biceps and right triceps muscles. The right wrist demonstrated mild swelling and diffuses tenderness upon palpation. Sensation to fine touch and pinprick was decreased in the 1st and 2nd digits of the right hand. The diagnoses have included adhesive capsulitis, right shoulder. Electromyography and nerve conduction velocity study on 2-9-15 revealed no electrophysiological evidence of cervical radiculopathy or chronic denervation in the muscles studied; moderate right carpal tunnel syndrome and mild left carpal tunnel and bilateral ulnar nerve entrapment at both elbows. Treatment to date has included surgical release of right

carpal tunnel syndrome and right ulnar nerve on 8-23-11; naproxen; tramadol and Wellbutrin. The original utilization review (8-21-15) non-certified the request for gym membership with pool exercise 3 months.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gym membership with pool exercise 3 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, Gym membership.

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

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states gym memberships are only necessary if there is a failure of progression in home exercise program. The membership must be under the direct supervision of a medical professional. The documentation does not show failure of a home exercise program for the patient's shoulder pain or that the membership is under supervision of a medical professional. Therefore, the request is not medically necessary.