

Case Number:	CM15-0033473		
Date Assigned:	02/27/2015	Date of Injury:	05/23/2008
Decision Date:	04/09/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, California

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 56 year old female, who sustained an industrial injury on May 23, 2008. She has reported neck pain, right shoulder pain, bilateral wrist pain, right knee pain, left lower leg pain, trunk injury, headaches, sleep loss, stomach upset, urinary incontinence, depression, sleep disturbances, sexual dysfunction, morbid obesity and hand pain. The diagnoses have included old bucket handle tear medial meniscus, osteoarthritis of knee, unspecified, acromioclavicular (joint) (ligament) sprain, brachia neuritis or radiculitis; cervical radiculitis, radicular syndrome of upper limbs and sciatica. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right knee, gastric lap band surgery, conservative therapies, pain medications and work restrictions. Currently, the Injured Worker complains of neck pain, right shoulder pain, bilateral wrist pain, right knee pain, left lower leg pain, trunk injury, headaches, sleep loss, stomach upset, urinary incontinence, depression, sleep disturbances, sexual dysfunction, morbid obesity and hand pain. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. She was treated conservatively and surgically without resolution of the pain. She reported left knee pain secondary to compensatory techniques to reduce right knee pain. Following the surgical procedure she was treated with physical therapy with some noted benefit however there was continued pain in multiple body parts. She reported related insomnia and sexual dysfunction and well as intermittent incontinence. She reported increased pain in the upper extremities with typing and writing. She was noted to have a gastric lap band procedure for weight loss. Exercise was recommended. The patient's surgical history includes right shoulder surgery in 1/25/2010 and bilateral CTR and right

TKR. The medication list includes Endocet, hydrocodone and Meloxicam. Patient has received an unspecified number of aquatic therapy visits for this injury. The patient has had MRI of the low back and cervical spine that revealed disc bulges and ultrasound examination of the bilateral shoulder on 12/10/14 that revealed post surgical changes and degenerative changes. Per the doctor's note dated 1/15/15 patient had complaints of neck pain with radiation in shoulder. Physical examination of the neck and right shoulder revealed tenderness on palpation and limited range of motion. Patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership/██████ with Pool Access (Months) Qty 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 03/03/15)Gym membershipsAquatic therapy.

Decision rationale: ACOEM/MTUS guideline does not address for this request. Hence ODG is used. Per the ODG guidelines gym membership is "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". Any contraindication for a home exercise program was not specified in the records provided. A medical need for exercise equipment was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Detailed response to conservative therapy was not specified in the records provided. The previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Rationale for Gym Membership/██████ with Pool Access (Months) Qty 6 was not specified in the records provided. Any evidence of the contradiction to land base therapy was not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent home exercise program is not specified in the records provided. The medical necessity of the request for Gym Membership/██████ with Pool Access (Months) Qty 6 for the lumbar spine is not fully established in this patient.