

Case Number:	CM15-0172575		
Date Assigned:	09/14/2015	Date of Injury:	01/18/2011
Decision Date:	10/13/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old female who sustained an industrial injury on 1-18-11. Progress report dated 6-25-15 reports continued complaints of persistent left upper extremity pain associated with a cold feeling and color change. The pain is described as numbness rated 7 out of 10. She has difficulty grasping and gripping with the left hand with weakness. She notes pain in her right shoulder due to compensatory use. She is protective of her left upper extremity and wears a left wrist and elbow immobilizer. Diagnoses include: left shoulder pain, left shoulder adhesive capsulitis, status post left shoulder Mumford procedure acromioplasty and debridement, status post right carpal tunnel syndrome, right lateral epicondylitis. Plan of care includes: flector patch 1.3% apply to skin twice per day, celebrex and request 6-12 month gym membership for water exercise. Work status: return to modified work until 8-31-15 no lifting more than 40 pounds, no overhead repetitive use of the left upper extremity, occasional power gripping with bilateral hands. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym memberships (water exercises) (6-12 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation TriCare 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-Lumbar & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2008) Chronic Pain, p87.

Decision rationale: The claimant sustained a work injury in January 2011. She underwent left shoulder arthroscopic surgery in July 2011 complicated by adhesive capsulitis. A right carpal tunnel release was done in April 2013. When seen, she was having persistent left upper extremity pain with color changes and cold feelings. Physical examination findings included a BMI of over 36. She was protective of the left upper extremity and was wearing wrist and elbow splints. There was minimal diffuse swelling with decreased hand strength. Aquatic therapy is recommended for patients with conditions where there are comorbidities that would be expected to preclude effective participation in weightbearing physical activities. The claimant has upper extremity impairments and lower extremity weight bearing is not affected. Additionally, a 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. In this case, there is no documentation of a prescribed exercise program or need for specialized equipment. The requested gym membership for water exercises is not medically necessary.