

<b>Case Number:</b>	CM15-0090974		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	07/21/2000
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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, Georgia  
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 63 year old female, who sustained an industrial injury on 7/21/2000. The details regarding the initial injury and treatments to date were not included in the medical records submitted for this review. Currently, she complained of loss of function in both upper extremities. On 2/16/15, the physical examination documented bilateral frozen shoulders with severe upper extremity weakness and tremor. The diagnoses included bilateral adhesive capsulitis, upper extremity entrapment neuropathy, bilateral upper extremity complex regional pain syndrome type II in ulnar nerve distribution, left upper extremity tremor, history of toxic epidermal necrolysis secondary to Topamax/gabapentin, history of visual loss/amblyopia secondary to toxic medication exposure, sleep disorder and diabetes mellitus. The plan of care included home care for twenty two and a half (22.5) hours a week and a gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One home care for 22.5 hours a week:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 51.

**Decision rationale:** CA MTUS allows for the use of home health services for homebound claimants on an intermittent basis. Homemaker services such as personal care, shopping, cleaning and laundry are specifically excluded in the CA MTUS. The medical record does not describe any need for home health services other than homemaker services. The claimant is not certified as homebound and the service requested is 22.5 hours of unspecified home care. The request does not adequately address what type of medical home care is required. The request of 22.5 hours of home care is not medically necessary or supported by the submitted documentation.

**Unknown gym membership:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Exercise; Low back, Gym memberships.

**Decision rationale:** MTUS states that exercise is a recommended intervention for pain management and states that no single exercise program is recommended over any other program. ODG guidelines for treatment of knee pain include recommendations for home aerobic and quadriceps strengthening exercises. The ODG addresses gym memberships in the section on the treatment of low back pain and states that gym memberships are not recommended unless a documented home exercise program has not been effective or if specialized equipment is required. The medical record does not contain any description of the failure of a home exercise program and does not describe the need for any specialized equipment. The cited reason is for access to a pool for self directed therapy but the medical rationale for pool therapy versus land based therapy is not submitted. A gym membership is not medical necessary.