

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/27/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/11/2013
Date of Injury: 9/24/2010
IMR Application Received: 8/6/2013
MAXIMUS Case Number: CM13-0007900

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physician Medicine and Rehabilitation and is licensed to practice in Oklahoma. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55-year-old female who reported an injury on 09/24/2010. The clinical note dated 05/10/2013 indicated the patient had continued swelling of the right upper extremity in combination with intermittent paresthesias of the right wrist. Physical findings revealed tenderness to palpation over the lateral epicondyle of the right arm with a positive Tinel's sign in the ulnar groove. Positive impingement of the right shoulder was noted. A positive Phalen's test and positive Tinel's sign was noted in the bilateral wrists. The patient received a steroid injection. The clinical note dated 06/06/2013 indicated that a home exercise program was discussed with the patient to prevent deconditioning and to decrease symptomatology. A gym membership and pool membership was requested.

IMR DECISION(S) AND RATIONALE(S)

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

1. 1 year Pool Membership is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Shoulder, Elbow which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Worker's Compensation, The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Shoulder Chapter, Gym Memberships, Online Edition which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The clinical documentation submitted for review does provide evidence the employee is recovering from a recent elbow surgery. It is also noted the employee has been instructed in a home exercise program. California Medical Treatment Utilization Schedule (MTUS), do not address gym or pool memberships. American College of Environmental Medicine (ACOEM), do not address pool or gym memberships. Official Disability Guidelines (ODG), do not recommend gym or pool memberships as a medical prescription unless a home exercise program has been considered to be ineffective and there is a need specifically identified for equipment. Although the employee has been educated in a home exercise program, establishment and compliance with a home exercise program is not documented. Also, there is no evidence to support that the employee would benefit from non-weightbearing exercise. Additionally, there are no barriers noted that would cause delayed recovery and require additional equipment.

2. 1 year Gym Membership is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Shoulder, Elbow which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Worker's Compensation, The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Shoulder Chapter, Gym Memberships, Online Edition which is not part of the MTUS.

The clinical documentation submitted for review does provide evidence the patient is recovering from a recent elbow surgery. It is also noted the patient has been instructed in a home exercise program. California Medical Treatment Utilization Schedule do not address gym or pool memberships. ACOEM do not address pool or gym memberships. Official Disability Guidelines do not recommend gym or pool memberships as a medical prescription unless a home exercise program has been considered to be ineffective and there is a need specifically identified for equipment. Although the patient has been educated in a home exercise program, establishment and compliance with a home exercise program is not documented. Additionally, there are no barriers noted that would cause delayed recovery and require additional equipment.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0007900