

<b>Case Number:</b>	CM13-0050628		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/20/1999
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

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

This 54 year old male sustained a work related injury on 10/20/1999. According to a progress report dated 10/15/2013, the injured worker presented for a follow-up regarding his bilateral shoulder, bilateral elbow, bilateral wrist, and hand symptoms. He had been having increasing left elbow symptoms recently. He continued with a home exercise program as tolerated. Diagnoses included right hand status post carpal tunnel release with recurrent symptoms, left hand/wrist recurrent carpal tunnel symptoms status post release, right wrist degenerative joint disease, left elbow common flexor origin tendinosis/partial tear with degenerative joint disease and minimal supinator muscle edema/strength, right elbow common extensor origin tendinosis with degenerative joint disease, right shoulder subacromial bursitis with MRI findings and partial rotator cuff tear with AC joint degenerative joint disease and SLAP lesion present, left shoulder subacromial bursitis and impingement and right shoulder AC joint symptomatic degenerative joint disease. Treatment plan included Terocin Patches, Cortisone injection of the left lateral epicondyle due to flare-up of pain, acupuncture for the bilateral upper extremities, gym membership with access to pool and a follow up in 8 weeks. On 10/23/2013, Utilization Review, non-certified 1 gym membership for six months with access to a pool, according to the Utilization Review physician, the request did not constitute a clinical, professionally directed medical service. The activities are not explicitly prescribed and supervised by a licensed health professional, goals are not established and monitored, adherence is involuntary and compliance is not measurable. CA MTUS Chronic Pain Medical Treatment Guidelines and ACOEM

Practice Guidelines were referenced. The decision was appealed for an Independent Medical Review.

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

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

#### **REQUEST FOR 1 GYM MEMBERSHIP FOR SIX MONTHS WITH ACCESS TO A POOL: 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 Elbow & shoulder chapter, Gym memberships.

**Decision rationale:** The patient presents with bilateral shoulders, elbows and wrist complaints. The request is for REQUEST FOR 1 GYM MEMBERSHIP FOR SIX MONTHS WITH ACCESS TO A POOL. The request for authorization was not provided. Patient has been having some increased left elbow complaints and points to some swelling around the lateral epicondyle. Patient is positive subacromial bursitis with negative impingement and carpal compression test. MRI of the right shoulder 05/11/2010 shows a rotator curr tendinosis with partial interstitial tear without full thickness tear or retraction with acromioclavicular joint degenerative change noted with downsloping acromion present. MRI's on 12/16/11 shows left wrist scattered carpal bone cystic change with minimal intracarpal effusion/synovitis, but without acute osseous, TFCC, tenderness, or ligamentous abnormality, left elbow common flexor tendon origin tendinosis/partial tear with degenerative spurring of the proximal radial nerve and ulnohumeral joints and minimal supinator muscle edema/strength, right elbow common extensor tendon origin tendinosis, right wrist distal radial ulnar degenerative change is evident. Patient is permanent and stationary. MTUS and ACOEM guidelines are silent regarding gym membership. The ODG guidelines state that gym memberships are not recommended as a medical prescription unless monitored and administered by medical professionals. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. Per progress report dated 09/09/13, treater's reason for the request is "aqua therapy." However, there are no details and discussion about the need for the use of specialized equipment such as a pool, and the medical necessity for a pool is not established. The treater does not mention why a gym membership is needed when the patient is able to do exercises at home. Furthermore, there is no plan for medical supervision at the gym. Therefore, the request IS NOT medically necessary.