

Case Number:	CM13-0021741		
Date Assigned:	11/13/2013	Date of Injury:	05/25/2010
Decision Date:	01/29/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/06/2013

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 Family Medicine, and is licensed to practice in Texas. 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.

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 patient is a 66-year-old who reported a work related injury on 05/25/2010, specific mechanism of injury not stated. The patient presents for treatment of cervical spine pain and triggering to the right thumb, chronic lumbar backache, chronic cervicgia, bilateral carpal tunnel syndrome, bilateral lower and upper extremity radiculopathy, and recurrent myofascial strain with intermittent acute on chronic exacerbations. The patient subsequently has utilized injection therapy, physical therapy, and chiropractic treatment for his pain complaints. The patient's medication regimen includes Tylenol codeine, a muscle relaxant, and sleep medication. The clinical note dated 06/27/2013 reports the patient was seen for followup under the care of [REDACTED] for his chronic pain complaints. The provider documents the patient has continued complaints of pain and locking, particularly to the right thumb, as well as cervical spine pain and resolution of left elbow pain. The provider documents upon physical exam of the patient, there was tenderness and thickening over the A1 pulley with active triggering. There was tenderness in the lower lumbar paravertebral musculature, forward flexion was at 70 degrees, extension to 10 degrees, lateral bending to 30 degrees, and sitting straight leg raise examination was negative bilaterally. The provider documented recommending the patient undergo surgical interventions indicative of a right thumb trigger finger release. Additionally, the provider recommended the patient undergo a psychological evaluation and treatment for depression and anxiety, and the patient was recommended to be provided with a 1 year gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

one-year 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter

Decision rationale: The Physician Reviewer's decision rationale: According to the Official Disability Guidelines, gym memberships are 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, plus treatment needs to be monitored and administered by medical professionals. The clinical documentation submitted for review does evidence the patient presents with multiple bodily injury pain complaints status post a work related injury sustained over 3 years ago. The clinical notes document the patient has utilized multiple lower levels of conservative treatment to include physical therapy, chiropractic treatment, and injection therapy without resolve of his symptomatology. The request for a one-year gym membership is not medically necessary or appropriate.