

Case Number:	CM13-0031525		
Date Assigned:	12/04/2013	Date of Injury:	04/08/1999
Decision Date:	01/27/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/03/2013

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 Orthopedic Surgery and is licensed to practice in California. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old female who was injured in a work related accident on 04/08/99 sustaining injury to the cervical spine and bilateral upper extremities. Recent clinical reports available for review include a treating physician report from [REDACTED], of 10/31/13, where she was noted to be continued orthopedic complaints of neck pain with spasm as well as radiating bilateral hand and wrist pain. It states she has recently used splints for her wrists. Physical examination findings showed the cervical spine to be with spasm and the wrist to be with positive Tinel's sign and full mobility. Working diagnosis at that date was of cervical sprain with discopathy with bilateral carpal tunnel syndrome status post bilateral carpal tunnel release with shoulder pain. An intramuscular injection of steroid was given at that date. Recent imaging is unclear. Medications were also refilled in the form of Hydrocodone. A prior request of 08/20/13 was also noted for a one year gym and pool membership for the claimant's underlying diagnosis as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym/pool 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), Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of a gym membership would not be supported. Gym memberships are not typically recommended as a medical prescription. Treating in regard to work related injuries tend from a physical medicine point of view to be best monitored and administered by medical professionals. It clearly indicates that with unsupervised programs of exercise there is no information flow back to the clinical provider. Typically, the role of gym membership, health club membership, swimming pools, and athletic clubs are not considered medical treatment, but more so lifestyle decisions based on general health and wellbeing. The specific request in this case would not be deemed medically necessary.