

Case Number:	CM13-0037846		
Date Assigned:	12/18/2013	Date of Injury:	08/19/2005
Decision Date:	03/18/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/24/2013

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 Internal Medicine and is licensed to practice in Florida. 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:

This patient is a 44 year-old female with date of injury 8/19/05. The patient's mechanism of injury is described as cumulative result secondary to repetitive movements. The patient worked as a vocational nurse. Relevant records reviewed include the primary treating physician's progress notes from August and September 2013. Notes from treating physician from 11/8/13 document the patient's subjective complaints of pain along the right side of the neck and right upper extremity. Objective findings include mild signs of dystonia, proper alignment of the head, mildly elevated right shoulder girdle, and mild loss of grip strength. Diagnosis includes cervical dystonia, right upper extremity neuropathic pain, cervical myoligamentous injury, successful spinal cord stimulator trial, June 3, 2013, SCS implant, epidural and SCFS lead. Treatment plans have included Topamax therapy, Spinal Cord Stimulator implanted June 2013, Norco, Lidoderm patch, and Zanaflex. In addition, gym membership is recommended as part of the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

█ 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 Page(s): 22.

Decision rationale: The MTUS was reviewed and does not specifically address using [REDACTED] gym. However, notes reviewed do not specifically address the need for certain equipment, but does note the need for "anti-gravity" exercise. The patient does not have documented failure of performing exercises or therapy at home. A gym membership does not constitute professional medical services or treatment and is not appropriate for the patient in this context.