

Case Number:	CM13-0042491		
Date Assigned:	04/16/2014	Date of Injury:	01/08/2007
Decision Date:	05/12/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/18/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and 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 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/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 injured worker is a 59 year-old male who reported an injury on 01/08/2007. The mechanism of injury was not provided in the medical records. The 10/04/2013 clinic note reported a complaint of neck pain. The note stated he had radicular pain in the right upper extremity with tingling, numbness, and paresthesia. His pain was rated at a 7/10 to 8/10. On examination, he had visible atrophy of the biceps and triceps, decreased range of motion in the cervical spine, 4-/5 right upper extremity strength, paravertebral muscle spasm, localized tenderness over the lower cervical and right supraclavicular region, bilateral shoulder elevation 80 to 90 degrees, and right-sided Spurling's maneuver positive. He was given an increase in methadone and recommended for a gym membership to improve strength and functional level as he has had medication management, physical therapy, home exercise program, epidural steroid injections, and cervical fusion. The 10/07/2013 operative report indicated the injured worker had severe escalation of low back pain shooting down both legs with tingling, numbness, and paresthesia rated at 8/10 to 9/10. On examination, he had restricted lumbar range of motion, positive hyperextension maneuver, paravertebral muscle spasm, localized tenderness over the lumbar spine, decreased sensation to light touch along the medial and lateral border of the right leg, calf, and foot, 4+/5 motor strength to the extensor hallucis longus muscle and plantar flexor, positive right-sided stretch, and positive straight leg raise bilaterally. He was given a right-sided L5 and S1 transforaminal epidural steroid injection and an L5-S1 translaminar lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP PROGRAM FOR CERVICAL SPINE X 6 MONTHS: 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) SHOULDER GYM MEMBERSHIPS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), GYM MEMBERSHIPS

Decision rationale: Official Disability Guidelines does not recommend gym memberships 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. Additionally, treatment must be monitored and administered by medical professionals. The documentation submitted did not provide failed outcomes of a home exercise program by periodic assessment and did not indicate treatment would be monitored and administered by medical professionals. Given the above, the request is non-certified.