

<b>Case Number:</b>	CM13-0056580		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/30/2000
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working least at 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 53-year-old male who reported an injury on 06/30/2000. The mechanism of injury was not specifically stated. The patient is currently diagnosed with chronic cervical and upper back pain, thoracic pain, lumbar pain, status post bilateral carpal tunnel release, diabetes, and obesity. The patient was seen by [REDACTED] on 10/22/2013. The patient reported ongoing pain in the neck, upper back, mid back, and lower back. Physical examination revealed full range of motion of the cervical spine, tenderness to palpation, decreased sensation in bilateral hands, decreased range of motion in the lumbar spine, tenderness to palpation, and 5/5 motor strength. Treatment recommendations included referral for physical therapy and a [REDACTED] gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy evaluation and treatment -cervical and upper/lower back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99.

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The patient has previously participated in a course of physical therapy. However, there is no documentation of the patient's previous course of treatment with total treatment duration and efficacy. The patient has been instructed in a home exercise program. There is no documentation of significant musculoskeletal or neurological deficit that would warrant the need for ongoing treatment. Additionally, the frequency and duration of treatment was not specified in the current request. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**Membership to [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chapter 5221.6600, Health Clubs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Gym Membership.

**Decision rationale:** Official Disability Guidelines state gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. The patient does not appear to meet criteria for the requested service. There is no indication that a home exercise program has not been effective, and there is also no indication of the need for equipment. The patient has previously participated in physical therapy, and has been instructed in a home exercise program. Based on the clinical information received, the request is non-certified.