

Case Number:	CM13-0059862		
Date Assigned:	12/30/2013	Date of Injury:	03/14/2012
Decision Date:	05/06/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/02/2013

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 Arizona. 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 patient is a 42-year-old male with a date of injury on 3/14/12. This injured worker has multiple complaints of shoulder pain bilaterally, pain in the wrists and both knees; worse on the left. He is on hydrocodone, Relafen and Prilosec. He has also been complaining of dizziness and tinnitus and hearing loss and is under the care of an ENT (ear, nose and throat) specialist. He was evaluated on 11/5/13 following tenderness along the cervical and lumbar area with normal range of motion, found no impingement signs on examination of the shoulders; he has a positive McMurray test in the left knee and a positive Romberg test. He has been diagnosed with bilateral wrist pain, myofascial pain in the cervical and lumbar area, bilateral bursitis of the shoulders, bilateral bursitis of both knees, status post arthroscopic surgery for the right knee, tinnitus and loss of hearing and balance problems to the right ear. The physician recommended membership to the gym and exercising and aquatic therapy. He has previously undergone physical therapy treatment.

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 American College of Occupational and Environmental Medicine (ACOEM), Home Exercise Program and Official Disability Guidelines (ODG), Physical Therapy and Exercise

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

Decision rationale: Official disability guideline states that exercise reduces disability in patients with low back pain. In acute back pain, exercise may be effective and in chronic back pain, intensive exercise should be recommended. Exercise programs are aimed at improving general endurance, aerobic fitness and muscular strength. However, this exercise program particularly, if medically recommended, has to be supervised and with measured outcomes. Gym membership is not recommended as a medical prescription unless monitored and administered by medical professionals. Gym membership is not considered to be a generally accepted standard of medical care, it is an unsupervised environment and unsafe for the injured worker with a medical prescription.