

Case Number:	CM14-0006916		
Date Assigned:	02/07/2014	Date of Injury:	05/09/2007
Decision Date:	09/23/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/18/2014

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 Occupational Medicine, has a subspecialty in Preventative Medicine and is licensed to practice in Iowa. 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:

This patient is a 40 year old male employee with date of injury of 5/9/2007. A review of the medical records indicate that the patient is undergoing treatment for cervical radiculopathy, lumbrosacral radiculopathy, wrist tendinitis and bursitis, knee tendinitis and bursitis, ankle tendinitis and bursitis, and thoracic sprain and strain. Subjective complaints include neck and lower back pain with bilateral knee and wrist pain. His pain in the neck is sharp and shooting combined with a cracking and grinding of the neck when he turns his head and neck. His neck pain is aggravated by flexing or extending the head or neck, turning his head from side to side and prolonged positioning of his neck. Pain radiates from his neck into his shoulders and he has been experiencing headaches. The pain is also combined at times with numbness, tingling or burning sensations. The neck pain causes him the inability to sustain sleep. Pain increases during prolonged activities of any kind (sitting, standing, stairs, lifting, pushing, pulling, and squatting) and the pain level varies throughout the day. In his bilateral hands and wrist, he complains of a constant, dull, aching pain which is made worse with gripping, grasping, torqueing, flexion and extension, fine finger manipulation, driving, continued use of his left extremity, pushing, pulling, lifting and carrying objects. He has dropped objects due to cramping, weakness and loss of grip strength. Pain in his thoracic spine is constant and increases with twisting and turning at the waist, bending, pushing, pulling, lifting and carrying. He complains of a cracking, pulling and tightness combined with numbness, tingling and muscle spasms in his back. His lower back has continuous pain described as sharp and stabbing. Pain increases with walking, standing, sitting over 15 minutes, kneeling, stooping, squatting, forward bending, ascending and descending stairs. He suffers from low back muscle spasms. His left knee pain is continuous and he has popping and buckling episodes. He has right knee sharp and stabbing pain. His right knee will swell down to his calves. He uses a knee brace. Objective findings include tenderness, spasm to

the paravertebral muscles of the cervical and lumbar regions. Patient also displays decreased range of motion. He has spasms, tenderness and guarding over the thoracic spine. He has tenderness and spasm over the paravertebral muscle. His range of motion (ROM) was successful with discomfort and pain. He has tenderness over the distal radius bilaterally. His Phalen and reverse Phalen tests were positive bilaterally. McMurray's test was positive bilaterally. Treatment has included previously authorized acupuncture and six chiropractic treatments (dates not specified). Medications have included Vicodin for pain, Tramadol for breakthrough pain, therapeutic cream and Medrox patches, Norflex for muscle relaxation (5/2013) Surgery was performed on the right knee in 12/2007 and 1/2008. Patient also underwent carpal tunnel release (date unspecified). The utilization review dated 12/18/2013 non-certified the request for gym membership.

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), Low back (updated 12/4/13), Gym memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) gym membership Other Medical Treatment Guideline or Medical Evidence:
http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.pdf.

Decision rationale: The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. The treating physician did not provide documentation of a home exercise program with supervision. The official disability guidelines state "gym memberships are not recommended 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." The official disability guidelines go on to state "Furthermore, treatment needs to be monitored and administered by medical professionals". The request for gym membership is not medically necessary as the injured worker does not meet criteria in the MTUS and the Official Disability Guidelines (ODG).