

Case Number:	CM14-0007829		
Date Assigned:	02/07/2014	Date of Injury:	02/28/2012
Decision Date:	07/11/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/17/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 61-year-old male who has submitted a claim for brachial neuritis, brachial radiculitis, degeneration of cervical intervertebral disc, and spinal stenosis in cervical region C5-C6, C6-C7 associated with an industrial injury date of February 28, 2012. Medical records from 2013-2014 were reviewed. The patient complained of persistent neck pain. There was also mild numbness and tingling radiating to the bilateral upper extremities. Physical examination showed slight paracervical tenderness. There was also limited range of motion of the cervical spine. MRI of the cervical spine dated June 3, 2013 showed degenerative disk changes at C3-C4, C5-C6, and C6-C7; mild degenerative retrolisthesis at C3-C4 in neutral and extension, reduced in flexion; and straightening of the cervical lordosis. Treatment to date has included medications, physical therapy, acupuncture, H-wave, home exercise program, activity modification, and wrist and neck surgery.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines a. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) ODG-TWC Neck & Upper Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Neck & Upper back Chapter, Exercise.

Decision rationale: CA MTUS does not specifically address gym memberships. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that while a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline. In this case, the medical records showed that the patient was to do home exercises. There was no documentation about these home exercises and there was no mention regarding failure of such program. Furthermore, there was no discussion regarding the need for certain gym equipment and whether treatment will be monitored or administered by a health professional. There is no clear indication for the present request. The duration of treatment program is likewise not specified. Therefore, the request for gym membership is not medically necessary.