

<b>Case Number:</b>	CM14-0102289		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Preventative Medicine, has a subspecialty in Occupational 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 45 year old female employee with date of injury of 9/23/2013. A review of the medical records indicate that the patient is undergoing treatment for bilateral hand carpal tunnel syndrome, left wrist DeQuervain's stenosing tenosynovitis, bilateral wrist flexor tenosynovitis, left wrist possible FCR tendinitis. Subjective complaints include numbness and tingling in finger tips and gnawing and pain in the base of thumbs and wrist region. Objective findings include focal tenderness at the FCR tendon at its insertion to the wrist, and tenderness over the carpal canal. Patient has been able to flex and straighten all of her fingers. Patient has a negative basal joint grind. There is a palpable cyst on the radial styloid. MRI findings were "not significant" and the physician states "I do not believe this patient has very significant tendinitis and her clinical examinations do not correlate with focal tendinitis as the pain she may have carpal tunnel syndrome." Physician was going to reevaluate after administering cortisone injections (injections yielded no relief). Treatment has included wrist splints, De Quervain's injections (increased pain for about 3 days), and cortisone injections yielded no pain relief. Medications have included Prednisone 20mg 2 tablets/day for 5 days, Albuterol 90mcg/actuation every 4-6 hours as needed, Ibuprofen 800mg, Loratadine 10mg 1 tablet/daily, Dodowqnl 10% cream (apply to cold sores 5/day). The utilization review dated 6/17/2014 non-certified the request for a 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 disabilities guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation [http://www.nhlbi.nih.gov/guidelines/obesity/bmi\\_tbl.pdf](http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.pdf) Official Disability Guidelines (ODG) gym membership

**Decision rationale:** The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. 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 treating physician has not provided medical documentation of a home exercise with supervision to meet the above guidelines. As such, the request for Gym Membership is not medically necessary.