

Case Number:	CM14-0012068		
Date Assigned:	02/21/2014	Date of Injury:	01/03/2010
Decision Date:	06/30/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/30/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 52-year-old female who reported an injury on 01/03/2010 secondary to a fall. The injured worker was evaluated on 02/12/2014 for reports of neck, bilateral shoulder, bilateral elbow, bilateral hand and wrist, low back, bilateral hips, and right foot pain. The exam noted the cervical spine had limited extension and flexion. The shoulders noted tenderness to palpation to the bilateral acromioclavicular joint with a positive cross abduction test and limited extension, flexion, internal rotation, external rotation, abduction, and adduction. The bilateral wrist examination noted tenderness to palpation to the extensor digitorum communis, extensor carpi radialis brevis, and extensor carpi radialis longus. The lumbar spine exam noted an antalgic gait with limited lateral flexion, extension, and flexion. The diagnoses included cervical strain/sprain with mild degenerative disc disease at C4-5 and C5-6, bilateral shoulder rotator cuff strain, bilateral elbow sprain/strain, bilateral wrist sprain/strain, lumbar strain/sprain with right L5 radiculopathy, and severe right peroneal motor neuropathy, bulges at L2-3, L3-4, and L4-5, and bilateral hip sprain/strain. The treatment plan included a wrist brace, cervical pillow, medication therapy, and gym membership. The rationale for the gym membership was noted to be limited access to gym equipment. The exam noted the injured worker was deficient of good muscle tone and strength that are necessary to maintain present level of function. The exam also noted the injured worker is doing a home exercise program with walking and stretching, and had lost 35 pounds on her own through dieting over the last 2 months. The request for authorization dated 02/19/2014 was found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 YEAR GYM MEMBERSHIP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Page(s): page(s) 46-47..

Decision rationale: The request for 1 YEAR GYM MEMBERSHIP is non-certified. The California MTUS Guidelines recommend exercise. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. However, there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. There is a significant lack of clinical evidence of the efficacy or inefficacy of the home exercise program or the need for specialized equipment for the exercise program. Therefore, based on the documentation provided, the request for 1 YEAR GYM MEMBERSHIP is non-certified.