

<b>Case Number:</b>	CM14-0015218		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	01/20/2005
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 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 56-year-old female who has submitted a claim for bilateral carpal tunnel syndrome associated with an industrial injury date of 01/20/2005. Medical records from 08/29/2013 to 09/26/2013 were reviewed and showed that patient complained of bilateral wrist pain which increased in intensity due to increased activity. Physical examination findings were not made available. Diagnostic and imaging modalities were not available with the attached medical records. Treatment to date has included functional restoration program and pain medications. A utilization review decision dated 01/29/2014 and rationale behind the decision was not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP X 1 YEAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 288.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Gym Memberships.

**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, Official Disability Guidelines (ODG) was used instead. ODG states that 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. With unsupervised programs, there may be risk of further injury to the patient. In this case, the current clinical and functional status of the patient is unknown based on the medical records given. The medical necessity cannot be established due to insufficient information. Therefore, the request for Gym Membership x 1 year is not medically necessary.

**PHYSICAL THERAPY 2X3 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, there was documentation of functional improvement with functional restoration program (09/26/2013). However, the current clinical and functional status of the patient is unknown based on the medical records. The medical necessity cannot be established due to insufficient information. Therefore, the request for Physical Therapy 2x3 Weeks is not medically necessary.