

<b>Case Number:</b>	CM14-0016263		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	06/17/1997
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 and 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 57 year old male who was injured on 06/17/1997. The mechanism of injury is unknown. A 1/21/14 report shows that the patient presents with complaints of left hand wrist, elbow, shoulder, and left side pain. The patient describes the pain as strong and upsetting. On exam, there is decreased range of motion of the wrists. Diagnoses are status post right ulnar nerve anti-transposition; status post right median nerve release; status post cyst excision right wrist; left carpal tunnel syndrome; and left cubital tunnel syndrome. The requested treatment and plan is a gym membership and physical therapy, drug urine test and blood work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP QTY: 1 YEAR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Official Disability Guidelines (ODG), Treatment Index, 9th Edition (Web), Gym Membership.

**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), Treatment Index, 9th Edition, Gym Membership.

**Decision rationale:** The ODG guidelines state that gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professions. There is lack of documentation in the medical records to support the request for a gym membership. Therefore, the requested 1 year gym membership is not medical necessity.

**PHYSICAL THERAPY 3 TIMES A WEEK FOR 1 YEAR QTY: 156:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PHYSICAL MEDICINE, 98-99.

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

**Decision rationale:** According to the medical records submitted for review, this patient has previously completed 19 sessions of physical therapy. There is a lack of documentation in the medical records to show that prior physical therapy led to functional improvement or to support request for further physical therapy sessions. Therefore, the requested physical therapy is not medical necessity or appropriate.