

Case Number:	CM14-0110738		
Date Assigned:	09/16/2014	Date of Injury:	12/28/2012
Decision Date:	10/17/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 30-year-old male who reported an injury on 12/28/2012 due to a crushing injury to his left upper extremity. Diagnoses were severe brachial plexopathy and multiple revision surgeries. Past treatments have been medications and numerous physical therapy sessions. Physical examination on 04/08/2014 revealed left upper limb pain secondary to trauma and multiple revision surgeries. The injured worker reported he would like to continue strengthening exercises, in particular through a gym membership. There were no new changes in the pain symptoms of the upper left limb and no increased motor function. Examination of the left upper extremity revealed shoulder abduction was obtained at 80 degrees. Reflex examination was 1/5 to 2/5 out of 5/5 for left triceps. No biceps, no forearm pronation with supination. There was no motor function in the distal left upper extremity. Sensation was absent in the distal forearm and left hand. Motor and sensation was intact for the right upper extremity. Medications were gabapentin. The treatment plan was for equipment, awaiting left shoulder and elbow orthosis, and surgery for a possible nerve reconstruction in the left upper limb. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership (months) Qty: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -

Treatment Integrated Treatment/Disability Duration Guidelines, Low Back Chapter, Gym Membership

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Gym Membership

Decision rationale: The decision for Gym membership (months) Qty: 12 is not medically necessary. Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective, and there is need for equipment. Additionally, it indicates that gym memberships would not generally be considered medical treatment, and therefore, are not covered under these guidelines. The medical guidelines do not support gym memberships as part of medical treatment. There were no other significant factors provided to justify gym membership. Therefore, this request is not medically necessary.

Certified Personal Trainer (weeks) Qty: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment Integrated/Disability Duration Guidelines, Low Back Chapter, Gym Membership and Physical/Occupational therapy

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary service is not supported, this associated service is also not supported.