

Case Number:	CM14-0170948		
Date Assigned:	10/23/2014	Date of Injury:	11/30/1999
Decision Date:	12/03/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/16/2014

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 Family 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:

Patient had a date of injury on 11/30/1999. Patient had a bilateral carpal tunnel release in 2007. Mechanism of injury was not provided in the patient's medical records. Diagnosis includes: Cervical degenerative disc disease, degenerative joint disease - bilateral upper extremity, repetitive strain injury with carpal tunnel syndrome, lumbar degenerative disc disease, degenerative joint disease with neurogenic claudication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym/Pool Membership for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to guidelines it states that a patient should continue home exercises and active therapies. There is no recommendation for a gym membership as they are considered recreational and not therapeutic. Furthermore the activities at a gym are not

supervised by a licensed medical professional. Therefore, the request for Gym/Pool Membership for 6 months is not medically necessary.