

<b>Case Number:</b>	CM14-0029405		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	01/03/2010
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/08/2014

### 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 Rehab 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 52-year-old female who reported an injury on 01/03/2010. The mechanism of injury occurred when the patient was walking behind the counter when she slipped and fell injuring her left shoulder, low back, and left hip. Review of the medical record reveals the patient's primary diagnosis is sprain and strain of unspecified site of the hip and thigh (843.9). The most recent clinical documentation dated 02/12/2014 reveals the patient is currently working, self-employed in child care on a part-time basis. She denied any new injuries or further injuries since her previous visit. The patient completed acupuncture and stated it was very beneficial and she would like more. The patient's current complaints include neck pain, bilateral shoulder pain, bilateral elbow pain, bilateral hands and wrist pain, low back pain, bilateral hips, and right foot pain. Objective findings upon examination revealed tenderness to palpation over the cervical spine. The patient had limited extension and flexion noted. Shoulder examination revealed tenderness to palpation to the bilateral acromioclavicular joint. Special testing to include Speed's test, Neer's test, Hawkins, and Jobe's test were all negative. The patient was limited with flexion, extension, abduction, adduction, internal rotation, and external rotation. Examination of the lumbar spine showed no tenderness to palpation. The patient had an antalgic gait to the right. She was limited with lateral flexion, extension, and flexion of the lumbar spine. Exam of the bilateral hips revealed no tenderness to palpation. Examination of the bilateral wrists revealed tenderness to palpation to the extensor carpi radialis brevis, extensor digitorum communis, and extensor carpi radialis longus. The patient was able to make a full fist bilaterally. The patient was ordered a wrist brace, cervical pillow, and given a prescription for Relafen 500 mg 60 tablets and Vicodin 7.5 mg 60 tablets.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE YEAR GYM MEMBERSHIP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back (Updated 12/27/13)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg, Gym memberships

**Decision rationale:** California MTUS/ACOEM does not address gym membership. Per Official Disability Guidelines, it is stated that gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is need for equipment. Plus, the treatment must be monitored and administered by a medical professional. It is noted that the patient has received extensive physical therapy previously and has been compliant with her home exercise program. Although the physician states that the patient requires the use of gym equipment, there is no significant information provided in the medical record that suggests the patient is not able to continue with a self-directed home exercise program. Objective findings upon examination do not support the medical necessity for any specialized gym equipment that would be available with the gym membership. Official Disability Guidelines also state the gym membership treatment should be monitored and administered by a medical professional, but there is no documentation in the medical records suggesting there will be a medical professional to administer and supervise the patient's treatment. As such, the medical necessity for the requested service can be determined at this time and the request for 1 year gym membership is not medically necessary and appropriate.

**ADDITIONAL ACUPUNCTURE SESSIONS , ONCE A WEEK FOR 6 WEEKS, FOR BILATERAL SHOULDERS, WRIST, HAND, HIPS AND LUMBAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Per California MTUS, Acupuncture Guidelines, it is stated that acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehab or surgical intervention to hasten functional recovery. Acupuncture treatments can be extended if functional improvement is documented. It is noted that the patient has received her trial of 6 acupuncture treatments. The patient states that it was beneficial; however, there is no documentation of any objective functional gains from prior acupuncture treatment. There is also no documentation in the medical record of there being any decrease in the patient's pain medication or the patient is participating in any type of physical rehabilitation program at this time. As the criteria for use of acupuncture treatment has not been met, the request for additional acupuncture 1 time a week for 6 weeks to the bilateral shoulders, wrists, hands, hips, and lumbar is not medically necessary and appropriate.

