

Case Number:	CM14-0030685		
Date Assigned:	06/20/2014	Date of Injury:	11/01/2002
Decision Date:	07/18/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/11/2014

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 & 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 underlying date of injury in this case is 11/01/2002. The primary treating diagnosis is carpal tunnel syndrome. This patient is status post a bilateral carpal tunnel release. Additionally, the patient is status post a gastric bypass and a C5 through C7 fusion with reconstruction and right subcutaneous nerve transposition of 12/23/2013. On 01/22/2014, the patient was seen in follow-up status post her ulnar nerve transposition surgery of 12/23/2013. The patient reported decreased pain in her right upper arm and some improvement in right forearm/hand numbness and tingling. The underlying date of injury in this case is 11/01/2002. The primary treating diagnosis is carpal tunnel syndrome. This patient is status post a bilateral carpal tunnel release. Additionally, the patient is status post a gastric bypass and a C5 through C7 fusion with reconstruction and right subcutaneous nerve transposition of 12/23/2013. On 01/22/2014, the patient was seen in follow-up status post her ulnar nerve transposition surgery of 12/23/2013. The patient reported decreased pain in her right upper arm and some improvement in right forearm/hand numbness and tingling. The patient requested a gym membership in order to perform aquatic therapy exercises. On examination the patient had markedly diminished grip strength on the right with a well-healed surgical incision. The treating physician requested a 1-year gym membership for access to an independent aquatic therapy program, noting the patient had limited use of her upper extremities due to multiple surgeries and that the patient was very limited in her ability to maintain a traditional land-based exercise program.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Aquatic therapy. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Gym memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Membership.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on aquatic therapy, page 22, state that aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based therapy. Additionally, the Official Disability Guidelines/Treatment in Workers Compensation discuss gym membership in the context of the low back chapter, noting that a gym membership is 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, and treatment is monitored and administered by medical professionals. In this case, the treating physician notes that it would be difficult for the patient to perform a land-based exercise program given multiple surgeries. However, the patient's primary deficit on exam at this time is decreased grip strength in the hand; it is unclear why aquatic exercise would be preferable to or more effective than land-based therapy in this situation. Moreover, given the complexity of this patient's medical history, the guidelines would encourage supervised therapy regardless of whether treatment were chosen on land or water. It is not clear from the medical records why a presumably unsupervised gym membership would be preferable to a supervised therapy program. For these multiple reasons, the request is not supported by the treatment guidelines. Therefore, the request for one year gym membership is not medically necessary.