

Case Number:	CM14-0071336		
Date Assigned:	07/14/2014	Date of Injury:	10/08/2001
Decision Date:	08/14/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/16/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 64-year-old male who reported an injury on 10/08/2001. The mechanism of injury was not provided within the medical records. The clinical note dated 07/11/2014 The injured worker reported 50% improvement from the cervical epidural injection dated 01/16/2014, the injured worker reported occasional mild to moderate neck pain that radiated to both shoulders that continued down both of his arms to his index, his long, and his ring fingers and both his hands associated with mild numbness and tingling; however, the injured worker reported it was not as bad as before the cervical epidural injection. The injured worker reported occasional mild to moderate bilateral shoulder pain associated with popping, clicking, catching, as well as difficulty with overhead movements and mild to moderate intermittent low back pain which increased with activities such as prolonged sitting, standing, and bending. The injured worker reported his low back pain radiated down both of his legs associated with some numbness and tingling in both of his legs, especially with prolonged sitting and occasionally with walking. The injured worker utilizes a cane for walking short distances, but he used his walker for longer distances, especially when he felt very weak. The injured worker reported frequent headaches with numbness and tingling in both arms and legs. On physical examination, the injured worker ambulated with an antalgic limp and definite balance problems. Examination of the cervical spine revealed decrease range of motion. The injured worker had mild to moderate tenderness over the spinous process, mainly at the base of the neck. The injured worker had moderate tenderness in the paraspinal muscles on both sides of the neck, also at the base of the neck. There was mild tenderness over the nerve root on both sides of the neck and mild to moderate tenderness in the trapezius muscles on both sides. The injured worker's upper extremity deep tendon reflexes were 1+ and symmetrical at the biceps, but unobtainable at the triceps and the brachial radialis. The injured worker's right shoulder exam revealed decreased range of motion.

The injured worker had tenderness upon palpation at the end of the distal clavicle with mild plus tenderness inferior to the acromioclavicular joint. The injured worker had mild plus tenderness to the subacromial space and especially over the rotator cuff with very mild tenderness in the anterior shoulder capsule. The injured worker had minimal tenderness to the posterior shoulder capsule and the rotational impingement test was mildly positive. Cross arm test was mildly to moderately positive. The injured worker's lumbar exam revealed decreased range of motion. The injured worker had moderate to severe tenderness over the lumbar spinous process more towards the lumbosacral junction than the upper lumbar levels. There was moderate tenderness in the paraspinal muscles with mild plus tenderness at the sacroiliac regions. The injured worker had deep tendon reflexes to the lower extremities that were unobtainable at the ankles, but trace symmetrical at the knees. The injured worker's prior treatments included diagnostic imaging, surgery, epidural steroid injections, and medication management. The provider submitted a request for 1 year health club membership with a pool. A request for authorization dated 04/24/2014 was submitted for a 1 year health club membership with a pool; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year health club membership with a pool: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12 Edition (Web), 2014, Low Back- Gym membership.

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

Decision rationale: The request for one year health club membership with a pool is not medically necessary. The 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 a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. There is lack of evidence of a home exercise program with periodic assessments which have been modified and remained ineffective. In addition, the documentation submitted did not indicate the care plan with the treatment that would be monitored and administered by medical professionals. Moreover, the provider did not indicate a rationale for the request. Therefore, the request for 1 year health club membership with a pool is not medically necessary.