

Case Number:	CM14-0071571		
Date Assigned:	07/16/2014	Date of Injury:	07/25/2011
Decision Date:	09/19/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/17/2014

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 Nevada. 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 34-year-old female who was reportedly injured on July 25, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated June 5, 2014, indicates that there are ongoing complaints of low back pain and right hand pain. The physical examination demonstrated decreased range of motion of the lumbar spine and tenderness of the paravertebral muscles with spasms. There was tenderness noted over the L3, L4 and L5 spinous processes. The examination of the right wrist noted tenderness at the dorsal aspect along the first compartment and the scapholunate articulation. There was also swelling over the proximal interphalangeal joint and metacarpophalangeal joint of the right thumb. There was decreased right thumb range of motion with pain. There was a positive Finkelstein's test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes occupational therapy, aquatic therapy, oral medications, and the use of an edema glove. A request was made for a six-month gym membership and a computed tomography of the right hand and was not certified in the pre-authorization process on May 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) month gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Gym Membership, Updated August 27, 2014.

Decision rationale: According to the Official Disability Guidelines a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is need for additional equipment. Additionally treatment in a gym environment needs to be monitored and administered by medical professionals. According to the attached medical record there is no documentation that home exercise program is ineffective or in adequate nor is there mention of an accommodation the medical health care professional to accompany the injured employee to the gym. Considering this, the request for a six-month gym membership is not medically necessary.

Computed Tomography (CT) of the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268, 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter Computed tomography (CT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Computed Tomography, Updated August 8, 2014.

Decision rationale: According to the Official Disability Guidelines the indications for a computed tomography (CT) of the hand include acute trauma or chronic pain where there is suspicion of an occult fracture where plain films or nondiagnostic. According to the medical record the injured employee has had right thumb surgery and still has swelling about the, and wrist. Considering this, the request for a CT of the right hand is not medically necessary.