

<b>Case Number:</b>	CM14-0081552		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/08/2005
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Occupational 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:

The patient is a 55-year-old female who has submitted a claim for bilateral carpal tunnel syndrome, possible cervical disease, fibromyalgia, and s/p carpal tunnel decompressive surgeries associated with an industrial injury date of December 8, 2005. Medical records from November 19, 2013 up to March 24, 2014 were reviewed showing continued fatigue and sleepiness during the day due to her fibromyalgia. She noted generalized pain and difficulty sleeping at night. She reported ongoing pain in both wrists and neck region. Physical examination revealed nonantalgic gait, multiple areas of muscular tenderness and muscle spasms. There was tenderness of the wrists, paraspinous muscles throughout the spine, thoracic, lumbar, gluteal muscles, and sacroiliac joints. Treatment to date has included decompressive surgeries, Nexium, Provigil, Lyrica, and Vicodin. Utilization review from May 7, 2014 denied the request for 1 Year [REDACTED] membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Year [REDACTED] membership.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Tricare Guidelines and Medicare; Medicare Manual.

**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 Chapter, Gym Membership.

**Decision rationale:** The Official Disability Guidelines states that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. In this case, there was no documentation of the patient participating in a home exercise program. The patient is 8 years post injury and should have been started with a home exercise program by now. Furthermore, physical examination did not reveal significant deficits in the functionality of her lower extremities to warrant a supervised exercise program. Therefore, the request is not medically necessary and appropriate.