

Case Number:	CM14-0083334		
Date Assigned:	07/21/2014	Date of Injury:	12/03/2001
Decision Date:	09/15/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/03/2014

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 injured worker is a female with date of injury 12/3/2001. Per primary treating physician's progress report dated 4/15/2014, the injured worker reports that her pain without medications is rated at 10/10, and with medications 2/10. She reports her pain currently at 4/10. Medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADLs and home exercises. On examination she is in no acute distress. Deep tendon reflexes in the upper and lower extremities are decreased but equal. There is tenderness to palpation of the cervical paraspinals. Sensation to pin prick is decreased right C5, C6 and C7, and left C6 and C7. Light touch is decreased in right upper extremities and left upper extremities. Diagnoses include 1) status post SCS implant 2) status post ITP implant 3) tendinitis left hand 4) tendinitis right wrist 5) carpal tunnel release, bilateral, history of 6) cervical radiculopathy 7) degeneration of cervical intervertebral disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Month gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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), Low Back chapter, Gym Memberships section.

Decision rationale: The ODG do not recommend gym membership as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Treatment needs to be monitored and administered by medical professionals, and outcomes are not monitored by health professionals with gym memberships. With unsupervised programs, there is no information flow back to the physician to make changes in the prescription, and there may be risk of further injury. The request for 6 month gym membership is not medically necessary.