

Case Number:	CM14-0099326		
Date Assigned:	07/28/2014	Date of Injury:	03/10/2003
Decision Date:	10/08/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/27/2014

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:

This case involves a 49 year old female who has developed chronic neck and upper extremity problems secondary to an injury dated 3/10/03. She has been diagnosed with chronic cervical pain, multiple upper extremity nerve entrapments, chronic inflammatory conditions in the upper extremities and bilaterally upper extremity complex regional pain syndrome. She has been treated with multiple upper extremity surgeries which include tendon releases and nerve decompressions bilaterally. No lower extremity or spinal conditions are reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Tricare Guidelines Policy Manual; Medicare Manual 2210.2.1 Maintenance Programs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Aquatic Therapy Page(s): 98, 22.

Decision rationale: MTUS Guidelines supports an active approach to rehabilitation, but gym programs or aquatic exercises are not recommended unless there is a defined need for specialized equipment. There are no lower extremity issues that would lead to this conclusion. There is no

documented anticipation for a need of equipment found only in a gym setting. Therefore, the request is not medically necessary.