

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0132943 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 11/30/2009 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 07/22/2014 |
| Priority: | Standard | Application Received: | 08/19/2014 |

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, has a subspecialty in Interventional Spine 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 61 year old male with an injury date of 11/30/09. The 06/26/14 progress report states the patient presents with fare-ups of lower spine pain. An examination shows tenderness to palpation over the upper, mid and lower cervical parvertebral muscles and both trapezial regions along with tenderness over the upper, mid and lower thoracic paravavertebrals. Further examination shows tenderness to palpation over the anterior rotator cuff with mild acromioclavicular joint and bicipital tenderness in the right shoulder with positive impingement and positive grind signs. The right elbow shows tenderness to palpation over the later epicondyle. For the bilateral wrists there are positive Phalen's and median nerve compression signs and for the lumbar spine there is mild right lower muscle spasm with tenderness over the upper, mid and lower lumbar paravertebral muscles. Examination of the knees reveals tenderness to palpation over the medial joint line on the right and tenderness to palpation over the medial and lateral compartment on the left. There is decreased sensation in the bilateral upper extremities in the C6, C7 distribution and patchy decreased sensation in the bilateral lower extremities. The patient's diagnoses include:1. Cervical and lumbar radiculopathy2. Bilateral carpal tunnel syndrome3. Lumbar disc bulging L3-4, L5-S14. Right rotator cuff tendinitis and impingement syndrome5. Right lateral epicondylitis6. Bilateral internal derangement/degenerative joint disease of the kneesThe utilization review being challenged is dated 07/22/14. Reports were provided from 01/13/11 to 06/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

A one-year gym membership for independent exercise: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 Lumbar & Thoracic Chapter, Gym memberships

Decision rationale: The patient presents with flare-up of lower spine pain. Reports also show tenderness in the cervical spine, bilateral knees, right shoulder and right elbow. The physician requests for a one year gym membership for independent exercise. The ODG Low Back Lumbar & Thoracic Chapter, Gym memberships topic, state they are, "Not recommended 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." The 04/13/14 report states that the patient presents with back flare-up, was last seen on 11/07/13 and continues self-treatment. On 06/26/14 the physician states the patient has some flare-up due to an attempt to increase activity and that the patient has been unable to continue with the independent exercise program in a gym due to lack of authorization. The reports provided state the request is based on medically reasonable treatment requirements, but does not discuss the goals of the program, why home exercise is not adequate or any need for special gym equipment. The reports appear to show the patient engaged previously in an independent exercise program; however, the reports do not discuss the results of this program. This request is not medically necessary.