MAXIMUS Federal Services

| Case Number: | CM14-0193964 | | |
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| Date Assigned: | 12/01/2014 | Date of Injury: | 04/26/1998 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 11/03/2014 |
| Priority: | Standard | Application Received: | 11/19/2014 |

## 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 57-year-old female with date of injury of 04/26/1998. The listed diagnoses from 10/08/2014 are: cervical sprain; right shoulder impingement syndrome with acromioclavicular joint pain; Bilateral wrist pain following carpal tunnel release and De Quervain's release; lumbar sprain; bilateral knee overuse, injury; left knee posttraumatic pain; and Right knee posttraumatic pain. According to this report, the patient complains of neck, low back, and bilateral hand and wrist pain. She has achy pain with pins and needles sensation in her neck and bilateral hands and wrists. The patient is currently not attending any therapy. She continues to work modified duty. Examination shows the patient can flex her neck to a point where her chin is within 1 fingerbreadth of her chest and extend to 30 degrees. There is 5/5 muscle strength in all major muscle groups of the patient's upper and lower extremities. There is decreased sensation about the L5 dermatome bilaterally in the lower extremities. Upper and lower extremity reflexes are 2+, bilateral and symmetrical. There is a well-healed surgical scar bilaterally consistent with carpal tunnel release and De Quervain's release. Phalen's sign and Tinel's sign are positive. There is 4+ strength in dorsiflexion and volar flexion bilaterally. The documents include 2 progress reports from 08/12/2014 and 10/08/2014. The utilization review denied the request on 11/03/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership for one year:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic)

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

**Decision rationale:** This patient presents with neck, low back, and bilateral hand and wrist pain. The treater is requesting a gym membership for 1 year. The MTUS Guidelines page 46 recommends exercise but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any exercise regimen. ODG Guidelines do not recommend gym memberships as medical treatments. They are not recommended as a prescription unless a documented home exercise program with periodic assessment and revisions have not been effective; there is a need for equipment; and treatment needs to be monitored and administered by medical professionals. The treater does not provide a rationale for the request. There is no explanation as to what specific equipment is medically necessary to help the patient accomplish her exercise routine. There is also no discussion as to how the patient's exercises will be monitored. The request is not medically necessary.