

Case Number:	CM14-0209888		
Date Assigned:	12/22/2014	Date of Injury:	08/03/2012
Decision Date:	02/13/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/15/2014

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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/03/12 and continues to be treated for symptoms of chronic fatigue, difficulty sleeping, and total body pain. She was seen by the requesting provider on 08/05/14. She had a history of adverse reaction when taking Cymbalta or gabapentin. She was having mostly upper back pain. She was doing well with medications including topical treatments. Physical examination findings included right hand and forearm trophic changes consistent with RSD. There were fibromyalgia tender points. Authorization for pool therapy for treatment of RSD and fibromyalgia syndrome was requested. Topical compounded cream, glucosamine, Ativan, Zanaflex, and Savella were prescribed. On 09/19/14 she was having difficulty swallowing with nausea and vomiting and episodes of shortness of breath with choking. She had been unable to tolerate Savella. She was having ongoing pain including neck, upper back, and right upper arm pain. Physical examination findings included left sided wrist tenderness with hand weakness. Authorization for a gastrointestinal consultation was requested. Reglan was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

█ or gym membership x 1 year for upper extremities: 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),

Treatment in Workers' Compensation (TWC), Integrated Treatment / Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) (Updated 10/28/2014) Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for symptoms of chronic fatigue, difficulty sleeping, and total body pain with diagnoses including RSD and fibromyalgia syndrome. A gym membership is 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. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documentation of a prescribed exercise program or need for specialized equipment. Therefore, the requested [REDACTED] or gym membership is not medically necessary.