

Case Number:	CM14-0098938		
Date Assigned:	07/28/2014	Date of Injury:	04/12/2002
Decision Date:	04/10/2015	UR Denial Date:	06/10/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Family Practice

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 65 year old female, who sustained an industrial injury on 4/12/2002. The mechanism of injury was not provided. The injured worker was diagnosed as having lumbar spine sprain/strain, right shoulder sprain/strain, and right wrist sprain/strain secondary to compensation with carpal tunnel syndrome. Treatment to date has included bilateral total knee arthroscopy, left (6/17/2013) and right (9/25/2011). Per the Primary Treating Physician's Progress Report dated 5/22/2014, the injured worker reported right wrist, hand and thumb pain which increased with repetitive use. Physical examination revealed tenderness to palpation of the lumbar spine with spasm and decreased range of motion. Straight leg raise test was negative. There was tenderness to palpation of the right wrist and hand in the extensor tendons. Tinel's and Phalen's were positive. There was decreased range of motion. There as left knee tenderness to palpation with diffuse tenderness and decreased range of motion. The plan of care included continuation of medications, left knee rehab, injections, and EMG (electromyography)/NCV (nerve conduction studies). Authorization was requested for six month gym membership with pool access and right hand and thumb trigger point injection under ultrasound guidance on 5/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Months gym membership with pool access: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines American Academy of Family Physicians. Which Weight-Loss Programs Are Most Effective Am Fam Physician. 2012 Aug 1;86(3):280-282.

Decision rationale: The California MTUS guidelines, ODG, and ACOEM are all silent on the issue of gym memberships. There are no substantial studies available that compare physical results achieved in the gym setting versus the home setting that are well recognized by the leading medical authorities in primary care. This patient can continue his exercise efforts in the home setting just as well as in the gym setting. This request for a year's gym membership is considered not medically necessary.