

Case Number:	CM15-0015697		
Date Assigned:	02/03/2015	Date of Injury:	02/19/2013
Decision Date:	04/22/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38 year old male who sustained an industrial injury on 2/19/13 due to a deep laceration to the left hand and wrist. He is currently experiencing pain, numbness and tingling at the left wrist, hand and fingers and low back pain that radiates to the right buttocks, hip and hamstring. He uses ibuprofen and vicoprofen for pain. Diagnoses include acute lumbosacral strain, rule out disc herniation; acute laceration of the left ulnar hand and left wrist with ulnar neuropraxia; left hand arthrofibrosis; right wrist compensatory chronic strain and rule out left wrist and left hand internal derangement. Treatments to date include occupational therapy, splint, physical therapy post-operative left hand surgery (6/16/14), chiropractic treatments for injury to low back (3/18/13). Diagnostics are electromyography and nerve conduction studies of upper and lower extremities (9 22/14) revealing acute right S1 lumbosacral radiculopathy. There was no documentation indicating gym membership for lumbar spine and left hand. On 12/31/14 Utilization Review non-certified the request for gym membership for the lumbar spine and left hand citing ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for the lumbar spine and left hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Gym membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, low back chapter under gym membership.

Decision rationale: This patient has a date of injury of 02/19/2013 and continues to complain of left wrist, left hand, and low back pain. Request for authorization is dated 09/10/2014. The current request is for gym membership for the lumbar spine and left hand. Regarding gym memberships, the ODG Guidelines, low back chapter under gym membership states, "Not recommended as a medical prescription unless he documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." ODG further states that treatment must be monitored by medical professionals. According to progress report dated 08/29/2014, the treating physician has recommended a gym membership for the patient to "build his muscle strength and his core strength, which would help his back pain." In this case, ODG does not support one type of exercise over another. The treating physician does not discuss weightbearing issues that may warrant aquatic therapy, and there is no discussion of a need for specific equipment. In addition, there is no discussion as to why the patient is unable to do the necessary exercises at home, and there is no plan for medical supervision at the gym as required by ODG. The requested gym membership IS NOT medically necessary.