

Case Number:	CM15-0132469		
Date Assigned:	07/20/2015	Date of Injury:	09/11/2000
Decision Date:	08/25/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/09/2015

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: Pennsylvania, Ohio, 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 56 year old female, who sustained an industrial injury on 9/11/00. She reported pain in the right upper extremity, hand, wrist, and elbow. The injured worker was diagnosed as having injury to ulnar nerve, spinal fusion, myalgia and myositis, neck pain, cervical failed back surgery syndrome, cervical spondylosis without myelopathy, chronic arthropathy, chronic pain, medial nerve neuropathy, cervical degenerative disc disease, and chronic pain due to trauma. Treatment to date has included physical therapy, heat/ice application, massage, and medication. Currently, the injured worker complains of right hand and upper back pain. The treating physician requested authorization for a 3 month gym membership trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

(3) month gym membership trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. 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 rationale: MTUS encourages active independent exercise. However, the guideline states that there is not sufficient evidence to support an indication for one type of exercise program over another. The records in this case do not provide a rationale as to why this patient would require special equipment such as a gym membership rather than a home-based exercise program. Therefore this request is not medically necessary.