

Case Number:	CM15-0143454		
Date Assigned:	08/04/2015	Date of Injury:	08/29/2012
Decision Date:	09/01/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 31-year-old male who sustained an industrial injury on 08-29-12. Initial complaints and diagnoses are not available. Treatments to date include multiple therapies and medications. Diagnostic studies are not addressed. Current complaints include nighttime spasms and pain at 7/10. Current diagnoses include quadriplegia and quadriparesis, and chronic pain syndrome. In a progress note dated 06-24-15 the treating provider reports the plan of care as increase stretching program, continued medications, a spinal cord stimulator functional integrity therapy, and dental care. The requested treatments include a spinal cord stimulator functional integrity therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord injury functional integrated therapy (SCI-FIT) membership x 2 months:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Gym Memberships, Exercise.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in August 2002 when he was involved in a motor vehicle accident. He has quadriplegia secondary to a cervical spinal cord injury. When seen, he was participating in physical therapy and there had been increased strength. He was being treated for spasticity. He was able to self propel a wheelchair and was working out with 2 pound weights and using a standing frame up to 30 minutes every day. He had for a lateral elbow flexion and hand contractures with increased muscle tone. His BMI was 30. The claimant has a cervical spine level spinal cord injury and, from the limited information provided, likely has a C5 or C6 neurological level of injury. His injury was more than three years ago and further neurological recovery would be unlikely. He is already participating in a formal exercise program. The requested program specializes in nontraditional spinal cord injury rehabilitation. 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. In this case, the claimant is already participating in an appropriate exercise program and there is no evidence of a failure of or need for a revision of that program. The request is not medically necessary.