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| Case Number: | CM15-0201150 | | |
| Date Assigned: | 10/16/2015 | Date of Injury: | 05/14/2012 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 09/30/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 39 year old male, who sustained an industrial injury on 5-14-2012. Diagnoses include carpal tunnel syndrome, status post bilateral carpal tunnel release. Treatments to date include activity modification, medication therapy, physical therapy, and work hardening program-functional restoration program. On 9-22-15, he complained of ongoing pain in the lower back and bilateral hands and increased pain in the middle back. The physical examination documented thoracic spine tenderness and decreased range of motion. The record documented "The patient did find the functional restoration program to be beneficial" and indicated he would like to continue with aqua therapy and have access to a sauna or hot tub, "as he does find relief of his pain with heat therapy as well." The appeal requested authorization for a thirteen (13) week trial at a health club with pool access. The Utilization Review dated 9-30-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Health club x13 week trial with pool access: 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) Gym program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Return to work. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: CA MTUS/ACOEM and Chronic Pain Medical Treatment Guidelines are silent on the issue of gym membership. Alternative guidelines were utilized. According to the Official Disability Guidelines Low Back Chapter, Gym membership, "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." According to the ODG shoulder chapter, gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In this case, there is lack of evidence that the claimant cannot perform a home based exercise program. The injured worker is 39 years old and was injured over 3 years ago. The request does not meet the criteria set forth in the guidelines and therefore the request is not medically necessary.