

Case Number:	CM15-0205194		
Date Assigned:	10/22/2015	Date of Injury:	04/17/1995
Decision Date:	12/08/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/19/2015

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 65-year-old male, who sustained an industrial injury on 4-17-95. The documentation on 9-30-15 noted that the injured worker has complaints of chronic neck and head pain with some numbness and tingling in his bilateral hands left greater than right. The injured workers trachea is mid-line; his gait was grossly normal and non-antalgic. The injured worker ambulated into the room without any assistance. The diagnoses have included syndrome post- laminectomy cervical, status post C2-C7 decompression, posterior fusion, carpal tunnel syndrome, status post bilateral carpal tunnel release, and lesion ulnar nerve, status post bilateral cubital tunnel release. Magnetic resonance imaging (MRI) showed mild atrophy with areas of myelomalacia on the right side. Electromyography showed evidence of severe left and moderately severe right median mono-neuropathy at the wrist, which has progressed compared to the prior study and evidence of moderate bilateral ulnar mono-neuropathy at the elbow, stable compared to prior study, with interval development of mild right and moderate left; ulnar mono-neuropathy at the wrist and there is no evidence of cervical radiculopathy or brachial plexopathy. Treatment to date has included multiple occipital nerve blocks with pulse radiofrequency ablation; carpal tunnel revision surgery and bilateral ulnar nerve surgeries at the elbow back in 2003. The documentation on 9-30-15 noted that the latest occipital nerve block with pulse radiofrequency ablation was performed latest 12-16-14. The documentation noted that the injured worker would like to avoid surgery if at all possible; however, he may consider this in the future if he does have worsening pain. Current medications were listed as mexiletine; gabapentin; loperamide; enablex; zanaflex; zegerid; celebrex; ultracet; lunesta; desipramine and

baclofen. The injured worker had a gym membership in the past which did help significantly for him to continue a disciplined home exercise program; he was able to use machines that he did not have at home in order to continue his exercises. The original utilization review (10-14-15) non-certified the request for gym membership, 12 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership, 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004, and Knee Complaints 2004, and Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines: Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower back - Thoracic & Lumbar (acute & chronic) chapter under Gym memberships.

Decision rationale: The patient was injured on 04/17/95 and presents with neck pain and head pain. The request is for a gym membership for 12 months "so that he can continue his exercise program." The RFA is dated 10/07/15 and the patient is permanent and stationary with permanent disability. MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines Lower back - Thoracic & Lumbar (acute & chronic) chapter under Gym memberships states: "Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home 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." The patient is diagnosed with syndrome post-laminectomy cervical, status post C2-C7 decompression and posterior fusion and carpal tunnel syndrome, status post bilateral carpal tunnel release and lesion ulnar nerve, and status post bilateral cubital tunnel release. Treatment to date includes multiple occipital nerve blocks with pulse radiofrequency ablation; carpal tunnel revision surgery and bilateral ulnar nerve surgeries at the elbow back in 2003. The 09/30/15 report states that the patient "has had a gym membership in the past which did help significantly for him to continue a disciplined home exercise program. He was able to use machines that he did not have at home in order to continue his exercises." Although the patient had benefit with his prior gym membership, the treater has not discussed why the patient is unable to benefit from home exercises. Additionally, there is no indication that a medical professional as required by ODG guidelines is monitoring the sessions at the gym. Therefore, the request is not medically necessary.