

Case Number:	CM15-0045455		
Date Assigned:	03/17/2015	Date of Injury:	09/30/2013
Decision Date:	04/24/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/10/2015

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, Hawaii
 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 sustained an industrial injury, September 30, 2013. The injured worker previously received the following treatments right wrist MRI, physical therapy, Naproxen, TENS (transcutaneous electrical nerve stimulator) unit, Gabapentin, behavioral medicine psychological consultation and home exercise program. The injured worker was diagnosed with pain hand joint and pain forearm/wrist joint. According to progress note of February 12, 2015, the injured workers chief complaint was right wrist pain. The motor, sensory, reflex, straight leg raises and gait were unchanged. There was diffuse pain on palpation to the right wrist. The treatment plan included gym membership for 12 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 12 months: 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), Knee - Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Gym memberships, wrist/hand.

Decision rationale: The patient presents with right wrist pain. The current request is for gym membership for 12 months. The treating physician states that her motor exam, sensory exam and reflex exam is unchanged. Straight leg raise is unchanged. Gait is unchanged. The ODG guidelines state 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, the treating physician has not provided information that the home exercise program has not been effective or that there is a need for equipment. It is unclear how her treatment would be monitored and administered by medical professionals. Medical necessity for gym membership has not been established. The current request is not medically necessary and the recommendation is for denial.