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| Case Number: | CM15-0073746 | | |
| Date Assigned: | 07/15/2015 | Date of Injury: | 01/08/2014 |
| Decision Date: | 08/10/2015 | UR Denial Date: | 04/02/2015 |
| Priority: | Standard | Application Received: | 04/17/2015 |

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 41-year-old male who sustained an industrial injury on January 8, 2014 resulting in left wrist pain, swelling, and weakness. He was diagnosed with left wrist tendinopathy and arthritis. Documented treatment related to this injury includes physical therapy and gym exercise. Specific outcomes of these therapies are not provided in the documentation related to this injury. The injured worker continues to present with left wrist pain. The treating physician's plan of care includes a one-year gym membership for the left wrist. Current work status is not documented, but in March 2015, he was noted to be on limited duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym membership for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise; Physical Medicine Page(s): 46-47; 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand - 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) 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: Page 87.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for neck, shoulder, elbow, and wrist pain. He also has a separate work-related injury to the left knee. When seen, there was positive impingement testing with left shoulder weakness and positive apprehension testing. There was pain with resisted elbow range of motion. There was wrist tenderness and tenderness over the brachioradialis muscle. Authorization for physical therapy two times per week for four weeks and for a gym membership was requested. 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. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documentation of a prescribed exercise program or need for specialized equipment and the claimant had also been referred for physical therapy. At home, use of TheraBands and self-applied modalities such as heat and ice for the left wrist would be expected to be effective for the treatment of the claimant's wrist. The requested gym membership was not medically necessary.