

Case Number:	CM15-0078214		
Date Assigned:	04/29/2015	Date of Injury:	05/19/2010
Decision Date:	08/06/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/23/2015

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: 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 51 year old female who sustained an industrial injury on 05/19/2010 when she tripped and fell. The injured worker has a history of diabetes mellitus and morbid obesity. The injured worker underwent right carpal tunnel release in June 2011 and September 2012 and a left carpal tunnel release in September 2011 and in June 2012. A repeat fall in September 2012, two weeks post-operative the second right carpal tunnel release, the sutures opened, the wounds were treated and the injured worker had subsequent ongoing bilateral hand pain. On Apr 24, 2013 a left trigger finger release and right finger injection was performed. The injured worker became septic, the left middle finger and pinky became necrotic and both fingers were amputated. The injured worker's mental status deteriorated and she was diagnosed with anxiety, depression, panic disorder and post-traumatic stress disorder and treated with medications and counseling. The injured worker underwent 50 hyperbaric treatments for flap wound healing with resultant visual changes. Other treatments to date include acupuncture therapy, physical therapy, aquatic therapy, multiple psychiatric medication trials, and weight loss. According to the agreed medical evaluation dated January 8, 2015 the injured worker continues to experience depression, anxiety and remains under psychiatric care with medications and counseling. The injured worker's phantom pain has improved. She has returned to work on a part-time basis with restrictions. The latest medications noted were Gabapentin and Lexapro. The injured worker is to follow-up with counseling, continue medication regimen and the current request for the [REDACTED] gym and pool membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

█ **gym and pool membership:** Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar spine, 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 chapter, Gym membership.

Decision rationale: The 51 year-old patient presents with complex hand injury, and is status post left middle finger amputation in April, 2013 and left pinky amputation in May, 2013, as per AME report dated 05/15/15. The request is for █ Gym And Pool Membership. There is no RFA for this case, and the patient's date of injury is 05/19/10. The patient is status post carpal tunnel surgeries, and has also been diagnosed with failed/compromised skin graft of the left hand finger, acute peripheral artery insufficiency, hypercoagulability state, diabetes, status post hyperbaric oxygen therapy, and hypertension. As per AME report dated 01/18/15, the patient's hand pain is rated at 10/10 without medications and 6-7/10 with medications. The patient is currently working, as per progress report dated 05/15/15. MTUS and ACOEM guidelines are silent regarding gym membership. The ODG guidelines under the chapter 'Lower back' Thoracic & Lumbar (acute & chronic)' under topic 'Gym memberships' state that they are "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." In this case, none of the progress reports discuss the request. While regular exercise is very important, it is not clear why the patient cannot follow a home exercise program. The treater does not discuss the need for specialized equipment. There is no indication that the exercise regimen will be supervised by a medical professional, as required by ODG. Additionally, the request is open-ended and does not include a time-frame. Hence, it is not medically necessary.