MAXIMUS Federal Services

Case Number:	CM14-0132999		
Date Assigned:	08/22/2014	Date of Injury:	11/08/2010
Decision Date:	09/22/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 40-year-old male who has submitted a claim for traumatic below elbow amputation, right upper extremity; traumatic digit amputation, left hand with partial preservation of index and preservation of thumb; Huntington's disease; multiple surgical revision of painful amputation stump on right below elbow; neuropathic/phantom pain; and adjustment disorder secondary to disability associated with an industrial injury date of November 8, 2010.Medical records from 2013-2014 were reviewed. The patient sustained a traumatic injury to bilateral upper extremities. He underwent right upper extremity below elbow amputation and left upper extremity finger amputation with partial preservation of index finger and thumb. Patient was having difficult at home and needs some assist with putting the prosthesis and getting the strap untangled and positioned correctly. There was poor balance and he needs assist for dressing and bathing. Physical examination showed left residual limbs intact with scars healing well. There was improvement in shape and there was area of swelling at the neuroma. Right residual limb with decreased hypersensitivity was also noted. Motor strength was 5/5 on the bilateral residual limbs. Imaging studies were not available for review. Treatment to date has included medications, physical therapy, acupuncture, activity modification, and bilateral upper extremity amputation. A Utilization review, dated August 14, 2014, denied the request for [redacted] Adaptive PE gym membership with attendant to set up equipment, 6 month membership because they are not recommended as medical prescription unless a home exercise program has not been effective, there is a need for equipment, and because guidelines do not support unsupervised programs.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] adaptive PE gym membership per month with attendant to set up equipment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back 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 CA MTUS does not address the topic of gym membership specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Gym Membership was used instead. It states that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. In this case, the patient has been on a routine fitness program at [redacted] gym since at least February 2014, to include stretching, flexibility, cardiovascular and functional activities. However, rationale for the gym membership was not provided. Furthermore, there was no discussion regarding the need for certain gym equipment and whether treatment will be monitored or administered by a health professional. Moreover, patient has completed physical therapy sessions and is expected to be well-versed in a self-directed home exercise program by now. There was no evidence that a home exercise program would be ineffective. The medical necessity for a gym membership has not been established. Therefore, the request for [redacted] adaptive PE gym membership per month with attendant to set up equipment is not medically necessary.