

Case Number:	CM14-0145208		
Date Assigned:	09/12/2014	Date of Injury:	06/18/2010
Decision Date:	10/15/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational Medicine and is licensed to practice in California. 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 45 year old male who was injured on 06/18/2014 when a nail gun that he was using had mechanical failure and fired two nails, one penetrating through his left middle finger. Prior treatment history has included TENS, home exercise program, brace, and ice/heat pad. Visit note dated 07/29/2014 states the patient presented with complaints of left wrist pain and left hand pain. He rated his pain as 3/10 at its best and 9/10 at its worst. He did report the medications were helping and he was tolerating them well. His activities of daily living have worsened due to the pain as well as his quality of sleep. He has a diagnosis of severe major depression, adjustment reaction with depression and anxiety secondary to chronic pain and disability; and post-traumatic stress disorder. The patient is referred for gym membership for 6 months, aquatic pool therapy 3 times per week and left shoulder injection with steroids. Prior utilization review dated 08/20/2014 states the request for 6 Month Gym Membership is considered not medically necessary based on the evidence submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Month Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers Compensation, Online Edition Chapter: Shoulder; Elbow; Forearm, Wrist, and Hand; Low Back-Lumbar and Thoracic 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 - Gym memberships

Decision rationale: The CA MTUS is silent regarding the issue. According to ODG guidelines, gym memberships are "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. Plus, treatment needs to be monitored and administered by medical professionals." In this case a request for a 6-month gym membership is made for a 45-year-old male injured on 6/18/10 with chronic pain. However, there is no documented need for equipment or apparent plan for monitoring and administering by medical professionals. This request is not medically necessary.