

Case Number:	CM14-0166070		
Date Assigned:	10/13/2014	Date of Injury:	10/07/2004
Decision Date:	11/13/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/08/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 56 year old female who was injured at work on 10/07/2004. She reported to have complained of weakness in upper and lower extremity, as well as pain and swelling in the neck and lower back pain. Her physical examination revealed sensory loss in C5-7 right/left, positive foraminal compression right/left, positive Soto Hall, positive bilateral straight leg raise, spasms, a positive kemps test on the right side, positive cervical distraction and sensory loss right L5-S1 and decreased range of motion in the cervical and lumbar spine. She has been diagnosed of cervical acceleration/deceleration injury; thoracic sprain/strain; and lumbar sprain/strain. She has continued to receive chiropractic care since 06/ 2012. At dispute are the requests for 1 year gym membership; and 1 Home H-Wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Lumbar & Thoracic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The medical records provided for review do not indicate a medical necessity for Gym memberships. The official Disability Guidelines recommends against Gym membership unless there is a documentation of failure of home exercise program with periodic assessment and revision and there is a need for equipment. Also such prescribed Gym membership needs to be monitored and administered by medical professionals since there is lack of information flow back in unsupervised programs. Finally, there may be risk of further injury to the injured worker in an unsupervised Gym membership. Therefore the requested treatment is not medically necessary.

1 Home H-Wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

Decision rationale: The medical records provided for review do not indicate a medical necessity for 1 Home H-Wave unit. The MTUS does not recommend H-wave as an isolated intervention, except in diabetic neuropathy or chronic soft tissue inflammation where a one-month home-based trial of H-Wave stimulation may be used as an adjunct to a functional restoration program following failure of conservative care that includes physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). There is no indication the injured worker is receiving functional restoration, therefore the requested treatment is not medically necessary.