

<b>Case Number:</b>	CM14-0210730		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	11/10/2010
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 65 year old employee with date of injury of 11/10/10. Medical records indicate the patient is undergoing treatment for cerviothoracic strain;arthrosis/discopathy with central and forminal stenosis; doubt significant intrinsic shoulder pathology, bilaterally; bilateral carpal tunnel syndrome; left ulnar neuropathy; left thumb CMC joint arthrosis; s/p contusion right and left knees with arthrosis; left knee arthrosis; lumbosacral strain/arthrosis with L3 burst fracture and central stenosis; right hip degenerative arthrosis; anxiety and sleep disturbance; improved involuntary movements and gastrointestinal diagnoses. Subjective complaints include constant neck, and left shoulder pain; right shoulder pain is intermittent but pain is intense. The patient complains of bilateral hand and wrist pain/paresthesia that intensifies with hand movement. The patient has left thumb pain and constant low back pain that varies in intensity. He has intermittent bilateral knee pain. Objective findings include positive CMC grind test of the left. The bilateral knees have mild effusion laterally. There is crepitation bilaterally. Negative tests as following (all bilaterally): Tinel's, Spurling's, Foramaini compression, Phalen's, Lachman's and McMurray's. There is mild flexion contracture on the right. Treatment has consisted of home exercise, Ultracet, Flexeril and Lidocaine 5% patch. The utilization review determination was rendered on 11/19/14 recommending non-certification of Silver Sneakers Program In Years #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Silver Sneakers Program QTY: 1 (year): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. Official Disability Guidelines states, "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." The Official Disability Guidelines go on to state "Furthermore, treatment needs to be monitored and administered by medical professionals". The treating physician does not detail to what extent a home exercise program has been trialed and failed to necessitate the use of gym membership. As such, the request for Silver Sneakers Program QTY: 1 year is not medically necessary.