

Case Number:	CM15-0014704		
Date Assigned:	02/02/2015	Date of Injury:	03/07/2014
Decision Date:	03/27/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/26/2015

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, Arizona
 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 53-year-old female who reported an injury on 03/07/2014. The mechanism of injury was cumulative using the computer over many hours as her job as a social worker. Her diagnoses included carpal tunnel syndrome. Her imaging studies have included x-rays of bilateral hands on 08/26/2014; C spine MRI; and MRI of the right and left wrist. The injured worker also had an EMG/NCV study on 03/07/2014, which indicated mild left carpal tunnel syndrome. The progress report of 01/19/2015 documented on physical exam, range of motion of the bilateral upper extremities, including hands, wrists, elbows, and fingers, is normal. Range of motion for the cervical spine was limited in right rotation. Otherwise, normal range of motion. Bilateral wrists revealed positive Tinel's, Durkan's, and Phalen's test. The injured worker recently completed hand therapy, for which she reported no improvement. She also completed acupuncture with no improvement. The injured worker also had an injection in her left carpal tunnel for which there was no improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership Trial (Months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist, & Hand

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 Membership.

Decision rationale: The request for gym membership is not medically necessary. The Official Disability Guidelines recommend exercise as a part of a dynamic rehabilitation program, but note that gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Exercise treatment needs to be monitored and administered by medical professionals. There was a lack of documentation regarding effectiveness of the home exercise program, or if there is a need for equipment. As the guidelines indicate without those items, the gym membership is not recommended as a medical prescription. Therefore, the request for a gym membership is not medically necessary.