MAXIMUS Federal Services

Case Number:	CM15-0115218		
Date Assigned:	06/23/2015	Date of Injury:	08/17/2010
Decision Date:	07/22/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/15/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60-year-old female patient who sustained an industrial injury on 08/17/2010. The accident was described as while working regular duty as an administrative secretary she developed bilateral wrist pain knee pain secondary to fall. A primary treating office visit dated 12/17/2014 reported subjective complaint of having frequent moderate neck pain, slowly increasing low back pain, severe right shoulder pain, left wrist, right knee pain. In addition, she is very emotional, crying at presentation frustrated with ordeal. The patient is status post right shoulder arthroscopy and had undergone epidural injection treating lumbar spine. She is taking Norco has completed 11 of 21 post-operative physical therapy sessions. Objective findings showed cervical spine with decreased painful range of motion. There is tenderness to palpation of the cervical paravertebral muscles and left trapezius. There is tenderness to palpation of the L5-S1 spinous processes and lumbar paravertebral muscles; there is spasm of the lumbar paravertebral muscle s and Kemp's cause pain bilaterally. The anterior right shoulder, lateral and posterior shoulder tenderness and impingement causes pain. The right knee is swollen mostly suprapatellar area with ranges of motion decreased and painful. She is diagnosed with: cervicalgia; degeneration of cervical intervertebral disc; degeneration of lumbar intervertebral disc; lumbar spine spasm; right AC joint sprain/strain; right shoulder bursitis; status post-surgery, right shoulder(10/16/201); right De Quervain's disease; rule out left carpal tunnel syndrome; trigger finger; other bursitis disorder; right knee chondromalacia; right knee meniscus tear, and depression. The plan of care involved the patient participating in a weight loss program and undergoing a psychological evaluation. An orthopedic follow up on 01/08/2015 reported the patient 3 months post right shoulder decompression and release of right trigger finger. She had continued with physical therapy and feels improvement. She has no more problems with right thumb, but new problem in that her left thumb is triggering, clicking and locking. She also has subjective complaint of having increased pain in the back and is

unable to sleep. The following diagnoses are applied: status post right shoulder decompression with residual weakness; status post right trigger thumb release and left trigger thumb. She is to remain off from work through 03/07/2015. At a follow up on 02/23/2015 the patient has subjective complain low back pain radiating down bilateral lower extremities. The plan of care also noted recommendation for the patient to undergo a left trigger finger injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 301. Decision based on Non-MTUS Citation Official Disability Guidelines- low back chapter -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 and other chapters, regarding Gym programs.

Decision rationale: This claimant was injured in 2010. She had wrist and knee pain due to a fall. She was injured in 2010. She will do a weight loss program, and a psychological evaluation. There continues to be severe pain in several areas, with crying. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes regarding Gym Programs: 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. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc. , would not generally be considered medical treatment, and are therefore not covered under these guidelines. For more information on recommended treatments, see Physical therapy (PT) & Exercise. Therefore, the request for a gym membership is not medically necessary.