

Case Number:	CM14-0146848		
Date Assigned:	09/12/2014	Date of Injury:	11/27/2012
Decision Date:	10/22/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/09/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 53-year-old female with a reported injury on 11/27/2012. The mechanism of injury was repetitive movement. The injured worker's diagnoses included elbow, extremity, and hand joint pain, carpal tunnel syndrome, cervical disc degeneration, brachial neuritis or radiculitis, medial epicondylitis, lateral epicondylitis, tendinitis, and wrist pain. The injured worker's past treatments include yoga therapy, physical therapy, home exercise program, acupuncture, psychologic therapy, thumb splint, wrist braces, medications, and a TENS unit. The injured worker's diagnostic testing included an EMG on 02/24/2014, which revealed very mild entrapment of the median nerve at the level of the bilateral wrists, and very mild left C6-7 radiculopathy. The injured worker also had an MRI of the wrist on 02/10/2014, which revealed mild extensor carpi ulnaris tendinitis and peritendinitis with no evidence of transmural triangular fibrocartilage complex disruption. No pertinent surgical history was provided. The injured worker was evaluated on 08/11/2014 for pain in the left and right wrists. The injured worker indicated that her pain level had decreased since the last visit. Her average pain level was 3/10 with medications allowing for improved function and mood; 6/10 without medications with decreased function, mood, and inability to sleep. The injured worker described her pain as constantly aching, burning, and dull. The injured worker also complained of stiffness in the fingers and swelling of the right index finger at the base, which was not painful. The clinician observed and reported a focused evaluation of the injured worker's right hand and found no discernable swelling or tenderness along all finger joints. Exquisite tenderness was noted over the triceps tendon bilaterally, but the right was much worse than the left and mildly swollen. The clinician's treatment plan was to begin a gym membership, continue medications, and continue the injured worker's home exercise program. The request was for a 6 month gym membership. The rationale for the request was to advance the injured worker's self-directed program, improve

her strength and endurance, as well as lose or maintain weight, and reduce her reliance on medications. The Request for Authorization form was not provided.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation ODG web version: Gym Membership

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Gym Memberships.

Decision rationale: The injured worker continued to complain of left and right wrist pain. The California MTUS/ACOEM Guidelines do not address gym memberships. The ODG state that gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective, and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. 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. The injured worker has conservative treatment, such as medications, physical therapy, a home exercise program, and wrist braces that she used while driving. Additionally, the request did not include treatment goals or specific exercises, and the frequency of those exercises. Therefore, the request for 6 month gym membership is not medically necessary.