

Core 400 LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/17/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Health Club Membership Annual (89970)

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 01/06/09 & 02/02/09

ODG Guidelines and Treatment Guidelines

Dr. Office Records: 03/10/08; 09/05/08; 11/07/08; 12/15/08;

Prescription for Gym Membership, 09/05/08

Authorization Request, 12/30/08

Reimbursement Program – Attendance Sheet: 04/04/08 through 12/19/08

PATIENT CLINICAL HISTORY SUMMARY

This male sustained an injury to his wrist on xx-xx-xx and was diagnosed with wrist sprain/strain and right wrist pain. The records also note a history of a partial scapholunate ligament tear and de Quervain's tenosynovitis. The claimant reported "occasional discomfort in the wrist" with overall improvement. Office records noted conservative care of Celebrex and a wrist gauntlet splint as well as Ketoprofen cream. X-rays taken on 11/07/08 revealed no fracture, dislocation or foreign body and preserved joint spaces without arthritis but did not show slight widening of the scapholunate interval on grip views. Office records dated 12/15/08 revealed mild tenderness at the dorsal aspect of the wrist and mild tenderness over the scapholunate interval with a negative Watson test. Continued conservative care was recommended including topical analgesics, anti-inflammatories and bracing along with a request for authorization for a gym membership.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

This male sustained an injury over two years ago to his right wrist with only tenderness noted on current exam findings. The claimant was also noted to be currently working full duty without difficulty, indicating that additional treatment is not necessary in this case. Given the lack of significant physical findings there is no evidence in the records to suggest that the claimant would obtain any enhanced benefit from a Health Club membership than he would by performing an independent home exercise program for range of motion and strengthening. This request does not meet the guidelines. This request for a Health Club membership cannot be recommended as medically necessary. The reviewer finds that medical necessity does not exist for Health Club Membership Annual (89970).

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)