

<b>Case Number:</b>	CM13-0008838		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	07/15/2012
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Connecticut, North Carolina, and Pennsylvania. 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 physician 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 patient is a 46-year-old gentleman who sustained an injury to his left shoulder on June 15, 2012. The claimant underwent a left shoulder arthroscopic labral repair and chondroplasty on February 25, 2013, despite conservative care; [REDACTED] performed the surgery. Postoperative clinical records indicate that 24 sessions of physical therapy had been utilized and certified for the surgical process as of a report dated July 24, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**six sessions of postoperative physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** At present, the patient is greater than 10 months following the time of labral repair performed arthroscopically. The clinical guidelines would recommend the role of up to 24 sessions of therapy over a 14 week period of time. Given the 24 sessions of therapy already noted, the specific request for six additional sessions of therapy would not be indicated at this chronic stage in the claimant's clinical course of care.

**gym membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California ACOEM and MTUS guidelines are silent on this issue. When looking at Official Disability Guideline criteria, gym memberships as a medical prescription are typically not recommended. While transition to a home exercise program for which the claimant should be versed based on physical therapy treatment would be indicated, the specific role of a gym membership and other forms of personal well-being modalities such as athletic clubs, swimming pools, health clubs, etc., are generally not considered under the scope of medical care. This would ultimately be a personal lifestyle decision. The use of a gym membership in regard to the claimant's work related shoulder complaints would not be indicated or supported.