

Case Number:	CM13-0018702		
Date Assigned:	10/11/2013	Date of Injury:	07/12/2010
Decision Date:	03/12/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	08/30/2013

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 Physical Medicine and Rehabilitation, and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 has a date of injury of July 12, 2010 and has complaints of chronic shoulder pain. The request is for a two (2) month gym membership. The patient would like to do weight lifting at a gym to strengthen the shoulder. On August 23, 2013, this request was denied by UR citing that gym memberships are not being recommended as a medical prescription unless a home exercise program has not been effective and there is a need for the equipment. The qualified medical evaluation (QME) dated September 12, 2013 shows that the patient suffered a motor vehicle accident (MVA) with resultant shoulder pain. The patient had shoulder surgery on April 2013 had postoperative physical therapy but continued to experience pain. Examination showed mild atrophy of the left arm by 1.5cm compared to right side. On-going conservative treatments were recommended for the left shoulder with a possibility of a repeat surgery in the future. A therapy note from September 4, 2013 reports showed strength goal of 4/5 in 8 wks. The patient had decreased range of motion (ROM) with pain. However, strength testing from August 19, 2013 showed a 4/5 for the shoulder. The August 2, 2013 note by the treating orthopedist requested a gym membership indicating that the patient still needs to strengthen the shoulder after finishing physical therapy. The patient had 4-/5 strength and still has cervical radiculopathy problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

outpatient gym rehabilitation to the left shoulder, for two (2) months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient has documented weakness of the shoulder following surgery and post-operative therapy. However, the treating physician does not describe why exercise cannot be done at home to strengthen the shoulder. There is no documentation indicating what has been tried at home or the results of the program. There is no discussion as to why a gym membership is needed. Furthermore, while the California MTUS and ACOEM do not discuss gym membership, the ODG guidelines states, "gym memberships or advanced home exercise equipment, may not be covered under this guidelines." Therefore, the request is non-certified.