

Case Number:	CM13-0025154		
Date Assigned:	11/20/2013	Date of Injury:	12/19/2012
Decision Date:	01/08/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/16/2013

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 Preventative Medicine and Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 19, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; apparent diagnosis of the pectoralis muscle tear; unspecified amounts of physical therapy over the life of the claim; attorney representation; and extensive periods of time off of work. In a utilization review report of September 12, 2013, the claims administrator denied a request for a six-month gym membership. The applicant's attorney later appealed, on September 16, 2013. An earlier handwritten note of September 4, 2013 is difficult to follow, not entirely legible, notable for comments that the applicant has continued subjective complaints, has an obvious muscle defect about the pectoralis muscle, and exhibits 4-/5 muscle strength. It is stated that the applicant has progressed well with former physical therapy and can now graduate to a self-directed gym-based program for strengthening purposes. It is stated that the applicant may be approaching permanent stationary status. The applicant is asked to remain off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) month gym membership: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation ODG Low back (web updated 5/10/13) 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), Shoulder Chapter-Gym memberships..

Decision rationale: The MTUS does not address the topic of gym memberships. As noted in the ODG shoulder chapter gym membership topic, gym memberships are generally not recommended as a medical prescription unless the home exercise program has been tried, failed, and/or have been deemed ineffective and there is a need for specialized equipment. In this case, the applicant has, indeed, tried and failed conventional physical therapy and home exercises. He still has residual strength deficits with strength still scored at 4+/5. He has a physically arduous job as a police officer with the [REDACTED]. Pursuit of a gym membership to try and recover the lost strength is indicated and appropriate given the failure of first-line physical therapy and home exercises. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.