

<b>Case Number:</b>	CM13-0036896		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	07/31/2003
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 is licensed to practice in Oklahoma and Texas. 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 66-year-old male who reported an injury on 7/13/03. The patient is diagnosed with pain in a joint of the shoulder, and pain in a joint of the lower extremity. The patient was seen by [REDACTED] on 9/13/13. The patient continued to report persistent shoulder and lower extremity pain. It was noted that the patient has previously completed a functional restoration program. Physical examination revealed normal bulk and tone of the shoulder, no atrophy, acromioclavicular joint tenderness, and positive cross-arm testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**13 week gym membership:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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 Official Disability Guidelines 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. As per the clinical notes, the patient does report significant improvement following a functional restoration program. The patient's injury was greater than 10

years ago to date, and the patient should be well-versed in a home exercise program. A home exercise program can be safely executed in any setting and does not require a gym setting. The medical necessity has not been established; therefore, the request is non-certified.