

Case Number:	CM13-0039720		
Date Assigned:	12/20/2013	Date of Injury:	04/01/2007
Decision Date:	02/03/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	10/08/2013

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 Family Medicine and is licensed to practice in 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 40-year-old female who reported an injury on 04/01/2007. The mechanism of injury was not provided in the medical records. Her symptoms include left shoulder pain, left wrist pain, right wrist pain, and right hand pain. Her physical exam findings included tenderness of the left shoulder at the surgical site, positive Neer sign, and normal range of motion. Her diagnoses are listed as status post distal clavicle resection, Neer acromioplasty and labrum repair of the left shoulder; left carpal tunnel syndrome; and right carpal tunnel syndrome. It was noted in her most recent office note dated 07/26/2013 that the patient had completed postoperative physical therapy and was now to participate in a self-directed home rehabilitation program. It was noted that the physician recommended a gym membership, stating that she is able to do some of her exercises at home, but he felt that in order for her to improve her strength, she needed to use the machines at the gym.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 months 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 (ODG), Shoulder, Gym memberships.

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 the need for equipment. It further states that treatment needs to be monitored and administered by medical professionals. As the patient was not noted to have had a trial with a home exercise program prior to the request, it is not known whether a home exercise program is effective. Additionally, as the Guidelines state that treatment needs to be monitored and administered by medical professionals, and this is not offered with a gym membership, the request is not supported. For these reasons, the request for 3 months Gym Membership is non-certified.