MAXIMUS Federal Services

Case Number:	CM13-0044822		
Date Assigned:	12/27/2013	Date of Injury:	03/25/2012
Decision Date:	02/24/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/01/2013

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 & Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with the date of injury of March 25, 2012. A progress report dated January 7, 2014 indicates that the patient underwent shoulder surgery on April 19, 2013. The patient continues to have ongoing right shoulder pain located throughout the entire right shoulder as well as into the right shoulder blade. The pain occasionally extends to her right hand. She has returned to work on December 9, 2013 and is doing adequately but has noticed some weakness, fatigue, and lack of strength in her right shoulder. She is using Tylenol and Norco infrequently. Examination identifies right shoulder range of motion including flexion to 160Â°, abduction to 160Â°, external rotation to 90Â°, and internal rotation to 85Â°. Moderate tenderness is identified around the distal clavicle and dorsal aspect of the acromion. There is minimal crepitus with range of motion testing. Grade 5 strength is identified in all motions. Diagnoses include right shoulder subacromial impingement syndrome status post surgical repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

A one year health club 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 (ODG), Gym Memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Gym Memberships

Decision rationale: Regarding request for one year health club membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician is overseeing the gym exercise program. Additionally, the patient's range of motion and strength are normal, so it is unclear what objective treatment goals remain. In the absence of clarity regarding those issues, the currently requested one year health club membership is not medically necessary.