

Case Number:	CM13-0058499		
Date Assigned:	12/30/2013	Date of Injury:	08/07/2002
Decision Date:	06/09/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal 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 expert 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 injured worker is a 65 year-old male who sustained an injury to his shoulder on 08/07/02. The mechanism of injury was not documented. A clinical note dated 10/29/13 reported that the patient continues to have hearing deficits and presented to the clinic for follow-up of his blood pressure. The patient is also noted to have prediabetes. The patient was diagnosed with internal derangement of the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP TO INCLUDE AQUA THERAPY FOR SHOULDER AND CARDIAC X LIFETIME: 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 LOW BACK CHAPTER: GYM MEMBERSHIPS.

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: Current, evidence-based 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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. There is no indication that the patient's current home exercise program has failed. A clinical note dated 10/29/13 reported that the patient is currently exercising on his own and losing weight. There were no comorbidities mentioned that would indicate why the patient cannot attend traditional, land-based physical therapy that would support the need for aquatic therapy. Given the clinical documentation submitted for review, medical necessity of the request for gym membership has not been established.