

Case Number:	CM13-0060971		
Date Assigned:	12/30/2013	Date of Injury:	09/14/2010
Decision Date:	05/08/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/04/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 55-year-old female who reported an injury on 09/14/2010 after she transferred a client from a wheelchair to a shower chair which reportedly caused injury to her right shoulder. The injured worker's treatment history included physical therapy, medications, a functional restoration program, and a home exercise program. The injured worker was evaluated on 11/14/2013. It was noted on 10/25/2013 the injured worker was discharged from a functional restoration program and was considered to have made significant gains in functional tolerances as a result of the program. Physical findings from the 11/14/2013 examination included decreased pain levels to a 2/10 and increased activity levels. The injured worker's diagnoses included shoulder pain and mood disorder. The injured worker's treatment plan included participation in a functional restoration after care program and continuation of medications. A request was made for a gym membership; however, no justification of the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12-MONTH 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, Low Back Chapter, Gym Memberships.

Decision rationale: A 12 month gym membership is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address gym memberships. Official Disability Guidelines do not recommend gym memberships as a medical prescription. The clinical documentation submitted for review does not provide any evidence that the injured worker is currently participating in a home exercise program and has failed to progress. The clinical documentation does not specifically identify deficits that would benefit from ongoing use of a gym membership. Additionally, there was no documentation to support the need for equipment that could not be provided with the injured worker's home to assist with a home exercise program. As such, the request for a 12 month gym membership is not medically necessary or appropriate.