

<b>Case Number:</b>	CM13-0070446		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	11/29/2007
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Illinois. 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 37-year-old female who reported an injury on 11/29/2007. The mechanism of injury was not provided. The injured worker's diagnoses included rotator cuff syndrome. The injured worker's past treatments included physical therapy and medications. The injured worker's diagnostic testing included an EMG and NCV of the right upper extremity, which was noted to be normal. Her surgical history included a right shoulder arthroscopy with intra-articular debridement of the labral fraying and synovitis, plus arthroscopic periscapular plication on 01/22/2013. On 11/12/2013, the injured worker complained of mild constant right shoulder pain which is located throughout the entire shoulder which radiated to her triceps associated with frequent stiffness. She reported left shoulder pain located throughout her entire shoulder associated with clicking and popping, as well as some difficulty with overhead use of both of her shoulders. She reported that she continued to work on her home exercise program to further improve her right shoulder symptoms. Upon physical examination, the injured worker was noted to have right shoulder flexion of 150 degrees, abduction of 130 degrees, external rotation of 75 degrees, and internal rotation of 75 degrees. The Speed's test demonstrated grade 5 strength. The left shoulder range of motion showed flexion of 160 degrees, abduction of 160 degrees, and external and internal rotation of 90 degrees. There was no evidence of gross instability identified. The injured worker's medications included Voltaren, Flexeril, and Vicodin. The request was for a health club membership for 1 year to provide a facility in which she could safely perform her home exercise program and a GI specialist to undergo an upper GI endoscopy. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Health club membership 1 year:** 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)

**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 request for health club membership for 1 year is not medically necessary. The Official Disability Guidelines do not recommend gym memberships 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. The injured worker reported that she continued to work on her home exercise program to further improve her right shoulder symptoms. The documentation did not provide sufficient evidence of significant objective functional improvements since previously completed physical therapy. There was no documentation with evidence that the home exercise program had not been effective and indications that there was a need for equipment. In the absence of documentation with sufficient evidence that the home exercise program had not been effective and there was a need for equipment, the request is not supported. Therefore, the request is not medically necessary.