

<b>Case Number:</b>	CM14-0008608		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	02/21/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 58-year-old female with a date of injury of 02/21/2012. The listed diagnosis per [REDACTED] is status post right shoulder arthroscopy and correction on 05/28/2013. On 06/05/2013, the patient reported being "extremely pleased with her progress." She states she has minimal pain and has stopped taking Norco 3 days ago. On 08/23/2013, the patient stated she still had significant amount of weakness and discomfort with movement with internal rotation, external rotation, and abduction. The physical therapist gave her a home exercise program along with a gym pass so that she may continue to progress with her therapy. Review of the 12/18/2013 report revealed the patient continues with weakness and pain with movment. The treating physician states the patient is participating in a home exercise program which is helping in doing her best to strengthen her shoulder and increase her range of motion. Request for Authorization from 01/02/2014 requests "12-month gym membership in order to continue strengthening/ROM." Utilization review denied the request on 01/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP X 12 MONTHS (FOR RIGHT SHOULDER STRENGTHENING / RANGE OF MOTION): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder (ACUTE & CHRONIC).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** This patient presents status post right shoulder surgery on 05/28/2013. The patient was noted to have continued weakness and pain with movement. The treating physician requests a gym membership x12 months for the right shoulder for strengthening and range of motion. Gym memberships are not specifically addressed in American College of Occupational and Environmental Medicine (ACOEM) or the MTUS Guidelines. However, ODG Guidelines states "It is not recommended as a medical prescription unless it documented home exercise program with periodic assessment or revision have not been effective and there is a need for equipment. Treatment needs to be monitored and administered by medical professions." While an individual exercise program is recommended, outcomes that are not monitored by healthcare professional such as gym memberships or advance home exercise equipments are not recommended and not covered under this guideline. The request is not medically necessary and appropriate.