

<b>Case Number:</b>	CM14-0109751		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 43 year old male who reported an injury on 05/07/2013. The injury reportedly occurred while unloading 360 pounds of milk with a hand truck and he felt a pop in his shoulder. The relevant diagnoses include left shoulder tendinopathy, acromioclavicular joint arthrosis, superior labral tear, and subacromial impingement syndrome. His past treatments included a steroid injection and an unknown number of physical therapy visits. His surgical history included a left shoulder open tenodesis of the long head of the biceps and arthroscopy with subacromial decompression, debridement of the superior labral anterior to posterior, and distal clavicle excision on 01/23/2014. On 06/04/2014, the injured worker reported pain rated 2-3/10 with medications and 5-6/10 without medications. The injured worker was still receiving physical therapy which was helping strengthen and mobilize the shoulder. Objective findings included positive tenderness to palpation over the bicipital groove and full but painful range of motion. Current medications included Norco and Ambien. The treatment plan included 3 additional physical therapy visits to direct gym training for rehabilitation strengthening. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy times 3, left shoulder to direct gym membership (no duration/frequency):**  
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:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Gym memberships

**Decision rationale:** The request for physical therapy times 3, left shoulder to direct gym membership (no duration/frequency) is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Post-Surgical Guidelines recommend 24 visits over 14 weeks for postsurgical treatment for impingement syndrome. The guidelines state a postsurgical physical medicine treatment period of 6 months. The Official Disability Guidelines further state, 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. On 01/23/2014 the injured worker underwent a left shoulder arthroscopy and open tenodesis of the biceps. As of 06/04/2014, the injured worker was still participating in physical therapy. He was noted to have full but painful range of motion. There is a lack of documentation regarding the prior therapy to verify the number of sessions completed and functional improvements made. There is no indication of the failure of a home exercise program or the need for equipment to warrant a gym membership. In addition, the submitted request does not specify the duration or frequency of treatment. As such, the request for physical therapy times 3, left shoulder to direct gym membership (no duration/frequency) is not medically necessary.