

Case Number:	CM14-0010268		
Date Assigned:	02/21/2014	Date of Injury:	07/28/2011
Decision Date:	06/25/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/23/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 59 year old male with an injury reported on 07/28/2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/19/2014, reported that the injured worker complained of ongoing pain and weakness in the right shoulder. The physical examination findings reported the injured worker's right shoulder forward flexion was to 170 degrees, abduction to 160 degrees, external rotation to 70 degrees, and internal rotation to 30 degrees. The injured worker's diagnoses included status-post right rotator cuff tear, status-post superior labrum anterior posterior lesion repair to right shoulder, right biceps tendinitis, and depression related to industrial injury. The request for authorization was submitted on 01/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP FOR ONE YEAR FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. The injured worker complained of ongoing pain and weakness in the right shoulder. The physical examination findings reported the injured worker's right shoulder forward flexion was to 170 degrees, abduction to 160 degrees, external rotation to 70 degrees, and internal rotation to 30 degrees. It is unclear if the injured worker has been participating in a home exercise program with periodic assessment which he was unresponsive to. Furthermore, a gym membership for one year would be excessive without periodic assessment and evaluation of progress. Thus, the request is non-certified. The request for gym membership for one year for the right shoulder is not medically necessary and appropriate.