

Case Number:	CM14-0012657		
Date Assigned:	02/21/2014	Date of Injury:	04/24/2010
Decision Date:	07/29/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 54-year-old male who has submitted a claim for left shoulder joint pain status post left shoulder surgery associated with an industrial injury date of 04/24/2010. Medical records from 07/17/2013 to 01/28/2014 were reviewed and showed that patient complained of left shoulder pain graded 6/10 aggravated with overhead movement. There was no radiation noted. Physical examination of the left shoulder revealed a well-healed incision. Maximum tenderness over the anterior-inferior acromion of the left shoulder was noted. Left shoulder active and passive ROM was slightly decreased with discomfort at the terminal ROM. Neer's and Hawkins' test were positive. Rotator cuff strength is 5/5 without pain. The MRI of the left shoulder dated 07/28/2011 revealed a complete tear of the supraspinatus with mild retraction and mild muscular atrophy. Treatment to date has included left shoulder subacromial decompression, rotator cuff repair and labral debridement (10/06/2011), aquatic therapy, work hardening, physical therapy and pain medications. Utilization review, dated 01/17/2014, denied the request for one year of gym membership because there was no documentation that HEP has not been effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP 1 YEAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Shoulder, Gym Membership.

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 Membership.

Decision rationale: The California MTUS does not address the topic of gym membership specifically. The Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Shoulder, Gym Membership was used instead. It states that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. In this case, gym membership was requested because the patient wishes to be able to continue aquatic therapy. However, there has been no documentation or discussion that HEP was ineffective. It is unclear as to why the patient cannot fully self-transition to HEP in order to maintain improvement levels. Therefore, gym membership for one (1) year is not medically necessary.