

Case Number:	CM14-0167055		
Date Assigned:	10/14/2014	Date of Injury:	09/26/2012
Decision Date:	11/17/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/10/2014

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 Family Practice and is licensed to practice in Ohio. 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 52-year-old male with a date of injury not listed but presumed to be two years ago. He complains of right shoulder pain, chronic low back pain and neck pain. The low back pain radiates into the left lower extremity. The injured worker had right shoulder decompression and a right distal clavicle resection on 6-19-2014. He was scheduled for postoperative physical therapy and was judged to be an excellent rehabilitation candidate. The physical exam reveals subacromial tenderness of the right shoulder with a positive impingement sign and Hawkin's test with diminished range of motion, particularly in flexion. The neck revealed full range of motion with a normal upper extremity neurologic exam. The lumbar spine reveals tenderness to palpation over the L4-L5 vertebra and spasm of the lower lumbar regions. The straight leg raise test is positive at 45 bilaterally. There is a diminished left Achilles reflex and diminished sensation of the plantar aspect of the left foot. The diagnoses include lumbar disc displacement with radiculopathy, chronic low back pain, neck pain status post C5-C6 fusion, partial rotator cuff tear, and acromioclavicular degenerative arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

HEALTH CLUB MEMBERSHIP YR: 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: 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. 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, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In this instance, the injured worker was judged to be doing well postoperatively. He was thought to be an excellent rehabilitation candidate by the physical therapist. The documentation does not suggest a reason why a home exercise program will not be successful when physical therapy has been completed. Therefore, a health club membership for one year is not medically necessary under the referenced guidelines.