

<b>Case Number:</b>	CM14-0169967		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Connecticut. 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 who reported an injury on 02/27/2012 due to lifting over 70 pounds into a trailer when his foot slipped and the package fell on him. His diagnoses consist of left focal labral tear at the 10 o'clock position of the posterosuperior labrum in addition to superior labral degeneration, left rotator cuff tendinosis of the supraspinatus, infraspinatus, and subscapularis, left biceps tendinosis and degeneration of the biceps pulley mechanism, left advanced acromioclavicular joint arthritis with bone marrow edema, right supraspinatus tendinosis with interstitial tear, labral degeneration with acromioclavicular (AC) arthrosis contributing to impingement, bilateral right greater than left lateral epicondylitis, L4-5 disc bulge, and reactive depression. The injured worker's past treatment was noted to include medication management, injections, and a home exercise program. His diagnostic studies were noted to include an MRI of the left shoulder which revealed a high grade partial thickness tear of the humeral surface fibers of the distal supraspinatus tendon, and acromioclavicular degenerative joint disease (DJD), which caused impingement on the supraspinatus. An MRI of the right shoulder was noted to reveal high grade partial thickness tear of the humeral surface fibers of the distal supraspinatus tendon, acromioclavicular DJD, which caused impingement on the supraspinatus, and subchondral cysts within the humeral head. An MRI of the lumbar spine without load bearing revealed L4-5 broad based disc protrusion that abutted the thecal sac. Combined with facet and ligamentum flavum hypertrophy, there was spinal canal narrowing, as well as bilateral neural foraminal narrowing. At L5-S1, a broad based disc protrusion and facet hypertrophy produced bilateral neural foraminal narrowing. In the most recent clinical note, dated 08/29/2014, the injured worker rated his shoulder pain at 8/10 to 9/10. It was worsened by overhead movements in addition to lifting heavy objects, which he did on a repetitive basis at work. He described the pain as sharp, radiating down to his arm and into his posterior

shoulder/scapular area. Upon physical examination, it was noted that the injured worker had moderate prominent left greater than right AC joint, over the left greater than right AC joint, bicipital groove, subscapularis, and subacromial space. He had some pain and limited weakness with resisted internal and external rotation of the left greater than right shoulder. Otherwise, he had 5/5 strength in his bilateral upper extremities. Neurovascular examination revealed 2+ biceps with brachial radialis reflexes and normal sensation. The injured worker had a positive Mayo shear, biceps load 2, and anterior drawer test. In addition, he had positive Hawkin's and Neer's tests, bilaterally. On 06/20/2014, the injured worker stated his pain had decreased on the right from a 7/10 to 8/10 down to a 4/10, and on the left from a level of 6/10 to 7/10 down to a 4/10. The location remained the same in the lateral and anterior portions of the shoulder. He had been quite consistent in complying with his home exercise program, which also continued to show improvement in his pain. He continued to have right lateral elbow pain due to his history of lateral epicondylitis. Upon physical examination, it was noted that the patient had tenderness to palpation bilaterally over the bilateral AC joints, subacromial spaces. Additionally, he was tender over the bilateral posterior regions of the rotator cuffs and bilateral bicipital grooves. The injured worker's strength was noted to be at 5/5 in his bilateral upper extremities, including resisted internal and external rotation. Neurovascular examination revealed 2+ biceps and brachial radialis reflexes. Special testing included positive Hawkin's and Neer's tests, bilaterally. His prescribed medications were noted to include Norco, OxyContin, naproxen, Protonix, cyclobenzaprine, and Neurontin. The plan consisted of a gym membership. The rationale for the request is that the injured worker completed his home exercise program at his local exercise gym. He goes to the gym to complete his home exercise program and is only using the gym for this purpose. A Request for Authorization form was submitted for review on 06/20/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Special Service/ Proc/ Report (Gym membership for one year, shoulders and lumbar spine):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th edition (web), 2014, 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 Memberships

**Decision rationale:** The request for Special Service/ Proc/ Report (Gym membership for one year, shoulders and lumbar spine) is not medically necessary. The Official Disability Guidelines 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. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. As such, the request for Special Service/ Proc/ Report (Gym membership for one year, shoulders and lumbar spine) is not medically necessary.