

Case Number:	CM14-0177756		
Date Assigned:	10/31/2014	Date of Injury:	02/27/2012
Decision Date:	12/08/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/27/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 51-year-old male with a date of injury of 02/27/2012. The listed diagnoses per [REDACTED] are: 1. Left focal labral tear at 10 o'clock position of the posterior/superior labrum in addition to superior labral degeneration. 2. Left rotator cuff tendinitis at the supraspinatus, infraspinatus, and subscapularis. 3. Left biceps tendinosis and degeneration of the biceps pulley mechanism. 4. Left advanced acromioclavicular joint arthrosis with bone marrow edema. 5. Right supraspinatus tendinosis with interstitial tear, labral degeneration with a AC arthrosis contributing to impingement. 6. Bilateral lateral epicondylitis. 7. L4-L5 disk bulge. 8. Reactive depression. According to progress report 08/29/2014, the patient presents with continued pain in the bilateral shoulder. Examination revealed moderate prominence of the left greater than right AC joints. There is tenderness to palpation over the left greater than right AC joints, biceps groove, subscapularis, subacromial space. There is some pain and limited weakness with resisted internal and external rotation. The patient has positive Mayo shear, positive biceps load 2, and positive anterior drawer test. The request is for "health club membership yr." Utilization review denied the request on 10/22/2014. Treatment reports from 04/14/2014 through 08/29/2014 were provided.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Gym Memberships

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Gym memberships

Decision rationale: This patient presents with continued lower extremity complaints. The treater is requesting a health club membership to [REDACTED]. The patient reports that, "Treatments at the health spa including warm water submersion give him significant pain relief." Regarding gym memberships, ODG Guidelines only allow in cases where it documented home exercise program with periodic assessment and revision have not been effective and there is a need for equipment. In this case, ODG does not support one type of exercise over another. Treater does not discuss the need for special equipment and it is not known how the patient will be monitored by a medical professional. Recommendation is for denial.