

Case Number:	CM14-0020524		
Date Assigned:	04/25/2014	Date of Injury:	12/05/2011
Decision Date:	08/06/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/18/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 44-year-old male who was reportedly injured on December 5, 2011. The mechanism of injury is noted as an injury to the elbow while putting away boxes. The most recent progress note dated February 25, 2014, indicates that there are ongoing complaints of left shoulder pain. The physical examination demonstrated full range of motion of the left shoulder and muscle strength of 4/5. There was no muscular atrophy and distal sensation was normal. Diagnostic imaging studies objectified anchors placed at the anterior aspect of the glenoid from prior surgery. Previous treatment includes left shoulder surgery for a rotator cuff repair and physical therapy. A request had been made for a gym membership and was not certified in the pre-authorization process on January 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE YEAR PARTICIPATION IN A GYM MEMBERSHIP PROGRAM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), gym membership (updated 06/10/14).

Decision rationale: The Official Disability Guidelines (ODG) specifically recommends against the use of gym memberships. There is no clear indication that a gym membership constitutes monitored and supervised treatment by a healthcare professional. As such, in accordance with the ODG guidelines this request for a one year participation in a gym membership is not medically necessary.