

<b>Case Number:</b>	CM14-0021124		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	01/31/2012
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Medicine and is licensed to practice in Tennessee, California and Florida. 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 57 year old male whose date of injury is 01/31/2012. On this date he stepped on a chain and slipped and fell. Note dated 01/31/14 indicates the injured worker is status post left shoulder superior labrum anterior posterior (SLAP) tear repair and debridement in January 2013 and has completed twelve physical therapy visits. Range of motion is forward flexion 90, abduction 90, internal rotation to S1, external rotation 50, degrees. Strength is rated as 4- to 4/5. The injured worker has been instructed in an independent pool program. Note dated 01/30/14 indicates the injured worker is back at the gym and is feeling better. The injured worker is recommended to continue the course with a home exercise program. The request is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 MONTHS POOL MEMBERSHIP:** 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 Chapter, Gym memberships.

**Decision rationale:** Based on the clinical information provided, the request for three months pool membership is not recommended as medically necessary. The Official Disability Guidelines (ODG) supports gym memberships only when home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The submitted records fail to establish that the injured worker has failed a home exercise program or that there is a need for equipment. The submitted records indicate that the injured worker is back at the gym and has been recommended to continue with his home exercise program. Additionally, ODG does not generally support gym/pool memberships as there is no information flow-back to the provider and there may be risk of further injury to the injured worker.