

Case Number:	CM14-0022397		
Date Assigned:	05/09/2014	Date of Injury:	01/06/2006
Decision Date:	07/10/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/21/2014

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 Pain Management, 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:

This patient is a 65-year-old male with date of injury of 01/06/2006. Per treating physician's report 02/03/2014, the patient presents with diagnosis of supraspinatus impingement syndrome and patient reports less pain and is responding to treatment. Chief complaint is left shoulder pain. Examination showing forward elevation of 145 degrees, external rotation at 30 degrees, internal rotation reaching fifth lumbar level with good strength of the shoulder. Treatment plan was for home exercise program, shoulder stretching program, posterior capsule stretching, rotator cuff strengthening program, scapular stabilizing program. "The patient is doing quite well and has been benefiting from the gym." But still having stiffness in the posterior capsule. Request was for additional 6 months of gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 MONTH GYM MEMBERSHIP QUANTITY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym Membership (Shoulder).

Decision rationale: This patient presents with chronic shoulder pain and the request is for 6 months of additional gym membership. Treating physician indicates that the patient is doing well and has been benefiting from the gym. The patient was to continue the home exercise program. ODG Guidelines regarding gym membership states "not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment." It further states that while an individual exercise program is recommended, more elaborate personal care where outcomes are not monitored by health professional such as gym memberships or advanced home exercise equipment, may not be covered under this guideline although temporary transitional exercise program may be appropriate for patients who need more supervision. In this case, the treating physician does not discuss any specific needs for a specialized equipment, and does not discuss why exercises could not be performed at home. Although it is recognized that a gym exercise may be more efficient and effective, ODG Guidelines does not cover this under the guideline recommendations. The request is not medically necessary and appropriate.