

Case Number:	CM14-0024966		
Date Assigned:	06/11/2014	Date of Injury:	09/07/2011
Decision Date:	08/04/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/27/2014

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 and is licensed to practice in California and Washington. 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 51-year-old female who reported an injury on 09/07/2011. The injured worker complained of having increased pain to the right shoulder. The physical examination dated 01/22/2014 the provider documented under objective findings referred to physical therapy. The injured worker's diagnoses are sprain rotator cuff and joint pain shoulder. The physical therapy note dated 01/09/2014 documented the range of motion of the right shoulder and flexion was at 170 degrees, abduction was at 140 degrees, external rotation was at 0 to 50 degrees, and internal rotation was from 0 to 55 degrees. The pain rating was at a 0 at rest and at 3/10 with activity. The injured worker's medication was Motrin 800 mg. The injured worker's treatment and diagnostics were physical therapy was started in 09/2013. The injured worker had a rotator cuff repair to the right shoulder 09/24/2013. The request for authorization form was not submitted with the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP FOR 3 MONTHS, 2 X PER WEEK FOR 12 WEEKS: 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), Shoulder Chapter (updated 12/27/13), 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), Shoulder, Gym Memberships.

Decision rationale: The request for gym membership for 3 months 2 times per week for 12 weeks is not medically necessary. According to the Official Disability Guidelines 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. Moreover, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by health professionals such as gym memberships or advanced home exercise equipment may not be covered under this guideline although a temporary transitional exercise program may be appropriate for patients who need more supervision. According to physical therapy documentation clinical notes, the injured worker's functional abilities have increasing subjective documentation of feeling better. Given the above, the request for a gym membership for 3 months 2 times per week for 12 weeks is not medically necessary.