

Case Number:	CM14-0031551		
Date Assigned:	06/20/2014	Date of Injury:	05/08/2012
Decision Date:	07/21/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/13/2014

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 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 injured worker is a 28 year old male who reported an injury on 05/08/2012 due to cumulative trauma. On 05/02/2014 he reported chronic left shoulder rated at 8/10 with movement and upper and lower back pain also rated at 8/10. A physical examination revealed hyper tonicity and tenderness with palpation along the upper thoracic spine. He was noted to be post left shoulder surgery. His diagnoses were listed as sprain/strain of the lumbar and thoracic region and pain in the shoulder joint. Medications included pantopazole-protonix 20mg, Colace 100mg, Tylenol 325mg, Naproxen Sodium-anaprox 550mg, Ambien 5mg, Diclofenac Sodium 1.5 percent 60 Grm, and Sertraline Hcl 25 MG. Past treatments included physical therapy, medications, and acupuncture. Within the treatment plan, the provider recommended a 6-month gym membership. The request for authorization was not provided. The provider requested the gym membership for exercise as his foot pain prevented him from walking for cardiovascular exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

6-month gym membership: 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) Chapter 5221.6600, Health Clubs.

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

Decision rationale: The request for a 6-month gym membership is non-certified. The injured worker was noted to have utilized a home exercise program. The Official Disability Guidelines state that gym memberships are not recommended unless a home exercise program is ineffective and there is need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. There is no documentation indicating the injured worker's home exercise program had been ineffective. Also, the requesting physician did not document that the injured worker would be monitored by a medical professional or that there was a need for gym equipment. Therefore, the request is non-certified.