MAXIMUS Federal Services

Case Number:	CM14-0032119		
Date Assigned:	06/20/2014	Date of Injury:	09/15/2011
Decision Date:	07/17/2014	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 Illionis. 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 50-year-old male who reported an injury on 09/15/2011. The mechanism of injury was reported as repetitive activities including deep frying, grilling, and using an ice cream scoop. The diagnoses included rotator cuff syndrome and lateral epicondylitis as well as status post a right shoulder arthroscopic surgery on 11/01/2013. Within the clinical note dated 01/20/2014, it was reported the injured worker complained of right shoulder pain and discomfort. He complained of right wrist pain and stiffness and right elbow pain. The clinical documentation submitted is largely illegible; however, noted states the injured worker was to continue a home exercise program and physical therapy. The provider recommended that once physical therapy was completed, the injured worker join a gym to perform further stretching and exercises for 6 months.The provider requested a gym membership. Prior treatments included physical therapy, bracing, medications and surgery. However, a rationale was not provided for clinical review. The Request for Authorization was not submitted in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47..

Decision rationale: The request for gym membership is non-certified. The injured worker complained of right shoulder pain and discomfort. He complained of right wrist pain and stiffness, and right elbow pain. The CA MTUS guidelines state there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The Official Disability Guidelines further state, a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by a medical professional. While the individual exercise program is of course recommended, more elaborate personal care for outcomes are mentioned by healthcare professionals, such as a gym membership or advanced home exercise equipment, may not be covered under this guideline although temporary transitional exercise programs may be appropriate for patients who need more supervision. Gym memberships, health clubs, swimming pools, and athletic clubs would not generally be considered medical treatment and therefore, are not covered under the guidelines. There is a lack of documentation indicating the injured worker to have participated in a home exercise program with periodic assessment and revision which has been ineffective. The documentation submitted for review did not provide an adequate clinical rationale as to an ineffective home exercise program or the need for specific equipment. There is a lack of documentation regarding an adequate and complete physical exam assessment. There is a lack of documentation indicating the injured worker's functional deficits. The request as submitted fails to provide the duration of the gym membership. Therefore, the request for gym membership is non-certified.