

Case Number:	CM14-0033854		
Date Assigned:	06/20/2014	Date of Injury:	10/03/2012
Decision Date:	08/12/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 53 year old male who reported an injury to his left shoulder. No information was submitted regarding the initial injury. The procedure note dated 09/16/13 indicated the injured worker undergoing arthroscopic subacromial decompression at the left shoulder. A clinical note dated 09/23/13 indicated the injured worker presenting for follow up for surgical intervention at the left shoulder. The injured worker was instructed to undergo home exercise program designed folk with a focus on light flexibility and stretching. A clinical note dated 09/24/13 indicated the injured worker being recommended to initiate physical therapy at this time. The Agreed Medical Examination dated 10/11/13 indicated the injured worker stated the initial injury occurred when he was lifting ladders on top of a van rack several times each day resulting in left shoulder pain. The injured worker stated there was a popping and tearing sensation on 10/03/12. Upon exam the injured worker demonstrated 60 degrees of left shoulder flexion, 20 degrees of extension, 60 degrees of abduction, 20 degrees of adduction, 10 degrees of external rotation and 30 degrees of ex 10 degrees of external rotation, and 30 degrees of internal rotation. Clinical note dated 10/29/13 indicated the injured worker demonstrating 30 degrees 130 degrees of flexion, 80 degrees of abduction, and 60 degrees of external rotation. The injured worker stated he felt better. The utilization review dated 03/11/14 non-certified the request for home exercise program as no exceptional factors were identified in the clinical notes confirming the need for gym membership outside of traditional post-operative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 2 MONTH GYM MEMBERSHIP FOR THE LEFT SHOULDER: 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), Low Back Chapter - 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) LOW BACK CHAPTER, GYM MEMBERSHIPS.

Decision rationale: Clinical documentation indicates the injured worker undergoing left shoulder surgical intervention. Gym memberships are not recommended as there is no methodology for a medical professional to monitor and administer the exercise pattern within the gym setting. No exceptional factors were identified in the clinical notes. No documentation of ongoing home exercise program was provided with periodic assessments and revisions of the treatments. The request for gym membership is not medically necessary.

A 3 MONTH GYM MEMBERSHIP FOR THE LEFT SHOULDER: 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), Low Back Chapter - 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) LOW BACK CHAPTER, GYM MEMBERSHIPS.

Decision rationale: Clinical documentation indicates the injured worker undergoing left shoulder surgical intervention. Gym memberships are not recommended as there is no methodology for a medical professional to monitor and administer the exercise pattern within the gym setting. No exceptional factors were identified in the clinical notes. No documentation of ongoing home exercise program was provided with periodic assessments and revisions of the treatments. Given this, the request is not indicated. The request for gym membership is not medically necessary.