

<b>Case Number:</b>	CM14-0034885		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	08/17/2007
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 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 47 year old female whose date of injury is 08/17/07. The mechanism of injury is not described. Progress report dated 02/04/14 indicates that she continues to take care of her elderly mother. The injured worker reports that her gym membership expired and requires a new one. The injured worker rates her right shoulder pain as 5-9/10 depending on medication wearing off. She continues to use an extraordinary amount of OxyContin. On physical examination right shoulder range of motion is flexion 110, abduction 45, external rotation 45 degrees and internal rotation to glute. Diagnoses are sprain/strain thoracic spine and rotator cuff tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Year Gym Membership for the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) 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) Shoulder Chapter, Gym memberships.

**Decision rationale:** Based on the clinical information provided, the request for one year gym membership for the right shoulder is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. There is no indication that a home exercise program has failed or that there is a need for equipment as required by the Official Disability Guidelines. Additionally, the Official Disability Guidelines generally do not recommend gym memberships as there is a lack of information flow back to the provider, and there may be risk of further injury to the injured worker. As such, the request of one year Gym Membership for the right shoulder is not medically necessary and appropriate.