

<b>Case Number:</b>	CM14-0035209		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Nevada. 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 records, presented for review, indicate that this 53-year-old gentleman was reportedly injured on July 25, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 11, 2014, indicated that there were ongoing complaints of right shoulder pain. The physical examination demonstrated slightly decreased right shoulder range of motion and tenderness at the periscapular region as well as the subacromial area, AC joint, and rotator cuff. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a right shoulder surgery for a subacromial decompression and pool therapy. A request had been made for a one year [REDACTED] gym membership with pool access and was not certified in the pre-authorization process on February 19, 2014,

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A (1) year [REDACTED] membership with pool access:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Gym memberships; Physical therapy (PT) & Exercise.

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

**Decision rationale:** According to the Official Disability Guidelines, a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is need for additional equipment. Additionally, treatment in a gym environment needs to be monitored and administered by medical professionals. According to the attached medical record, there is no documentation that home exercise program is ineffective or in adequate. Additionally pool or aquatic therapy should be administered and monitored by medical professional. Therefore, this request for a one year [REDACTED] membership with pool access is not medically necessary.