

<b>Case Number:</b>	CM14-0037601		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/14/2009
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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:

This is a 66-year old gentleman with a date of injury from 5/14/09. The patient has a shoulder injury, mechanism of injury not disclosed in the submitted records. He was found to have a massive right RTC(Rotator Cuff) tear and is status/post a reverse shoulder arthroplasty on 5/28/13. The patient has had post-operative rehabilitation with physical therapy. The patient also has injury to the cervical spine and right elbow. As of 3/03/14, the patient was doing well and was still in a physical therapy program. At that point, he had achieved 145 degrees of elevation and 90 degrees of abduction. A request was submitted to Utilization Review for a Gym Membership, and an adverse decision was made on 3/19/14.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Shoulder Chapter.

**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, Gym memberships.

**Decision rationale:** Gym memberships are not medical treatment or standard of care, and unsupervised exercise in patients with medical issues and no direct feedback to the healthcare provider can result in worsening the condition. A self-directed home exercise program is highly supported and encouraged, however, gym memberships are not recommended by guidelines and are not required for an effective home exercise program. A gym membership is not medically necessary.