

<b>Case Number:</b>	CM14-0049611		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/09/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 33-year-old who reported an injury on November 9, 2012 due to a head injury, with subdural hematoma. Diagnoses included headaches, and right shoulder pain status post-surgery on January 10, 2014. Past treatment included steroid injections to both shoulders, physical therapy to shoulders and neck, 12 sessions with follow up on August 8, 2013. Diagnostic testing included an MRI of brain with and without contrast which was performed on September 6, 2013. Surgical history included an Arthroscopic sub acromial decompression, extensive bursectomy, Mumford procedure of the right shoulder. The injured worker complained of "loner" tinnitus and dropping things with the right hand. The injured worker complained of being clumsy, moody, easily irritated, headaches, disequilibrium. In addition the injured worker also complained of cervical spine pain that traveled down to the bilateral shoulders. Physical examination findings included slight ptosis, positive Lhermitte's sign, left cranial nerve VII large laceration. Medications were not documented. The treatment plan was for a Gym membership for six months. The requesting doctors rationale was the patient needed reconditioning and maintenance, physical therapy and wellbeing with personal trainer supervisor to assist with recovery from shoulder surgery. The request authorization form was submitted on March 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership for six months:** 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 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, Gym membership.

**Decision rationale:** The injured worker has had twelve sessions of Physical therapy and should have been recommended an active self-directed home physical therapy. The Official Disability Guidelines state gym memberships are 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 medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships 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. There is a lack of documentation indicating the injured worker has tried a home exercise program which was ineffective after modification. There is no indication that the injured worker is in need of equipment to complete an exercise program. The request for a six month gym membership would not be indicated as the efficacy of the membership should be assessed prior to providing additional months of coverage. The request for gym membership for 6 months does not meet the guideline recommendations. As such, the request for a gym membership for six months is not medically necessary or appropriate.