

Case Number:	CM14-0057719		
Date Assigned:	07/09/2014	Date of Injury:	03/30/2011
Decision Date:	08/27/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/29/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 63-year-old with a reported dater of injury of 04/05/2011. The patient has the diagnoses of left shoulder subacromial impingement syndrome associated with early primary and post-traumatic AC joint arthritis as well as significant rotator cuff pathology and a full thickness rotator cuff tear with retraction of the tendons, traumatic arthropathy of the shoulder, diabetes, sprain/strain of the rotator cuff, rotator cuff syndrome and osteoarthroses of the shoulder. The progress notes dated 04/09/2014 by the primary treating physician indicate the patient has complaints of intermittent moderate left shoulder pain that is worse in the cold. The patient underwent left shoulder surgery on 10/15/2013. The patient completed 3 of 6 post-operative physical therapy session that have provided significant decrease in the overall pain and improvement in strength and range of motion. Physical exam noted atrophy of the supraspinatus muscle as well as the posterior rotator cuff muscles, mild tenderness at the AC joint, mild crepitus with range of motion, mildly positive overhead impingement tests, mildly positive cross arm test and Speed's test demonstrated moderate to severe grade 4 weakness. Treatment recommendations consisted of completion of physical therapy sessions and a one-year gym membership to work on his long-term rotator cuff strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Year Health Club Membership Post Left Shoulder Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure Summary last updated 3/31/14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure Summary.

Decision rationale: The California chronic pain medical treatment guidelines section on exercises states that exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise program over any other exercise regimen. However the Official Disability Guidelines section on shoulder procedures states that 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. This patient has yet to complete his physical therapy sessions and there is no evidence of home therapy failure or the need for specific gym equipment. For these reasons the request is not medically necessary.