

Case Number:	CM14-0092665		
Date Assigned:	07/25/2014	Date of Injury:	01/25/2013
Decision Date:	09/26/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/19/2014

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 Texas. 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 55 year old female whose date of injury is 01/25/2013. Follow up note dated 05/19/14 indicates that the injured worker was involved in a motor vehicle accident and presented with neck and shoulder injury. Medications are listed as Estradiol patch and progesterone. Assessment notes complete rupture of rotator cuff, adhesive capsulitis, rotator cuff syndrome nos, and displacement of cervical intervertebral disc without myelopathy. Treatment to date includes physical therapy and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership between 5/28/14 and 7/12/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 gym membership between 05/28/14 and 07/12/14 is not recommended as medically necessary. The submitted records fail to establish that a home exercise program was ineffective or that there was a need for

equipment as required by the Official Disability Guidelines. Additionally, the Official Disability Guidelines generally do not support 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.