

Case Number:	CM14-0201861		
Date Assigned:	12/12/2014	Date of Injury:	09/16/2013
Decision Date:	01/30/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 61 year-old female with a 9/16/2013 date of injury. She was walking down a hallway at school when another teacher hit her on the back, causing her to fall. She injured her left hand, shoulder and hip and subsequently underwent left rotator cuff repair and subacromial decompression and has persistent pain. According to the 10/21/14 pain management report, the patient is moderately obese and has some 4/5 strength in arm abduction, forearm flexion, extension and wrist extension. The diagnoses was rupture rotator cuff and pain in joint/pelvis/thigh. The patient has already completed the requesting physician's functional restoration program, but states the patient is still on temporary total disability. The physician requested a 6-months gym membership with pool.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) month gym membership with pool: 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 Procedure Summary; TriCare Guidelines Policy Manual

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 online for Gym membership's.

Decision rationale: The patient is a 61 year-old female that was worked for the [REDACTED] and was in a hallway when a teacher bumped into her causing her to fall. She injured her left hand, shoulder and hip and subsequently underwent left rotator cuff repair and subacromial decompression and has persistent pain. According to the 10/21/14 pain management report, the patient is moderately obese and has some 4/5 strength in arm abduction, forearm flexion, extension and wrist extension. The diagnoses was rupture rotator cuff and pain in joint/pelvis/thigh. The patient has already completed the requesting physician's functional restoration program, this request is for SIX (6) MONTH GYM MEMBERSHIP WITH POOL. MTUS Chronic Pain Medical Treatment Guidelines did not discuss gym memberships for shoulder/arm conditions. ODG-TWC guidelines, shoulder chapter online for Gym membership's states: 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. For more information on recommended treatments, see Physical therapy (PT) & Exercise. The pain management physician notes the patient completed his functional restoration program and has still not returned to work. The physician requested a 6-month gym membership with pool but did not provide a rationale, such as need for equipment, or discussion of what medical profession will administer or monitor the treatment, and rationale as to why home exercises has not been effective. The request for the gym membership does not appear to be in accordance with the ODG guidelines. The request for six (6) month gym membership with pool IS NOT medically necessary.