

Case Number:	CM15-0000368		
Date Assigned:	01/09/2015	Date of Injury:	05/01/2000
Decision Date:	03/06/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 57 year old male sustained work related industrial injuries on May 1, 2000. The mechanism of injury was not described. The injured worker was recently diagnosed and treated for rotator cuff syndrome NOS right shoulder. Treatment consisted of prescribed medications, physical therapy, home exercise therapy, consultation and periodic follow up visits. Per treating provider report dated November 12, 2014, objective findings revealed tenderness over the ac subacromial, trapezius and base of the neck with painful limited range of motion. The provider recommended that the injured worker continue home exercises program and have access to facility with machines for exercises. The treating physician prescribed services for gym membership now under review. On December 23, 2014, the Utilization Review (UR) evaluated the prescription for gym membership requested on December 17, 2014. Upon review of the clinical information, UR non-certified the request for gym membership, noting it is not recommended as a medical prescription unless a documented home exercise program has not been effective. Non MTUS Guidelines was cited. On January 2, 2015, the injured worker submitted an application for IMR for review of gym membership.

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: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder

Decision rationale: 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. In this case, a clinic note from 11-12-2014 indicated that the injured worker had just completed physical therapy and was being discharged to a home exercise program. He had improved with physical therapy but continued to have mild shoulder range of motion deficits. There was no subsequent follow up documented indicating that a home exercise program had been ineffective. Therefore, a gym membership is not medically necessary in view of the submitted record and in accordance with the referenced guidelines.