MAXIMUS Federal Services

Case Number:	CM15-0001001		
Date Assigned:	01/12/2015	Date of Injury:	12/15/2011
Decision Date:	03/13/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/05/2015

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: California
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 42 year old female who sustained an industrial injury on 12/15/2011. She reported she was lifting repetitively 25 - 30 pound boxes of food when she developed a sudden pain in her right shoulder and right side of her neck.The diagnoses have included right shoulder pain, right shoulder arthropathy, post CTS release right side and chronic pain syndrome.Treatment to date has included medications, physical therapy, pain management evaluation, acupuncture, chiropractic treatment, corticosteroid injections and home exercise program. Due to the lack of improvement with conservative treatment she was approved for an orthopedic surgical consult and was found to be a non-surgical candidate. The IW has developed psychosocial sequelae including anxiety, fear avoidance, depression and sleep disorders and had psychological evaluation on 01/04/2013. Cognitive behavioral therapy was recommended. She also completed 160 hours of Functional Restoration Program on 11/21/2014. Diagnostic test include MRI of right shoulder, MRI of cervical spine and EMG of upper extremities. Currently, the IW complains of right shoulder pain rated as 7/10. The pain is characterized as aching, burning, stabbing and throbbing. It radiates to the neck, right arm, right forearm and right hand with associated joint pain, joint stiffness and swelling. Prior treatment with the functional restoration program helped the IW develop a comprehensive home exercise program allowing her to increase her level of activity and function. Current medications were Lidocaine patch and Lexapro. On 12/26/2014 Utilization Review non-certified a request for gym membership for 3 months noting there is no mention that a home exercise program has not been effective. There are many exercises that can be completed in the home without use of equipment including a

cardiovascular routine that does not require transition between special equipment. Official Disability Guidelines were cited.On 01/05/2015 the injured worker submitted an application for IMR for review of the request for gym membership for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder (updated 10/31/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic) Gym memberships. Low Back - Lumbar & Thoracic (Acute & Chronic) Gym memberships.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address gym membership. Official Disability Guidelines (ODG) indicates that gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. Gym memberships or advanced home exercise equipment may not be covered under this guideline. The medical records document shoulder conditions. The patient completed a functional restoration program in November 2014. Official Disability Guidelines (ODG) indicates that gym memberships are not considered medical treatment, and do not support the medical necessity of gym memberships. Therefore, the request for gym membership is not medically necessary.