

Case Number:	CM15-0132269		
Date Assigned:	07/20/2015	Date of Injury:	11/14/2012
Decision Date:	08/31/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/08/2015

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: Emergency 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 is a 56 year old male, who sustained an industrial injury on November 14, 2012. The injured worker reported that while lifting product weighing approximately 60 pounds, the injured worker sustained an injury to the left shoulder. The injured worker was diagnosed as having rotator cuff syndrome of the left shoulder and allied disorders, acute left rotator cuff tear, and left shoulder impingement syndrome. Treatment and diagnostic studies to date has included status post left shoulder arthroscopic rotator cuff repair with subacromial decompression, magnetic resonance imaging of the left shoulder, laboratory studies, physical therapy, medication regimen, and x-rays of he left hand and elbow. In a progress note dated June 23, 2015 the treating physician reports complaints of pain to the left shoulder with noted improvement since prior visit. Examination reveals decreased range of motion to the left shoulder along with weakness, but noted slow improvement. The treating physician requested a one-year gym membership with the treating physician noting completion of physical therapy, but indicated that the injured worker still needs exercise strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership (year) QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Gym memberships.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, Gym memberships are not recommended unless there is special need for equipment and is under medical supervision. Gym memberships are not supervised, is not being assessed by medical professionals and therefore are not considered medical treatment with no appropriate documentation or information returning to provider. While continued exercise is recommended, Gym membership is not medically necessary.