

Case Number:	CM15-0137670		
Date Assigned:	07/27/2015	Date of Injury:	01/13/2013
Decision Date:	08/25/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/16/2015

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:

This 53 year old female sustained an industrial injury to the right shoulder on 1/13/13. The injured worker underwent right shoulder arthroscopy on 10/10/15. The injured worker received postoperative physical therapy and medications. The injured worker had previously undergone two additional right shoulder surgeries. In a progress noted dated 6/8/15 the injured worker had recently completed a course of physical therapy. The physician noted that she was making slow and steady gains with residual deficit in range of motion and strength. Physical exam was remarkable for tenderness to palpation along the anterior and lateral aspects of the acromion, mild tenderness over the acromial joint, positive impingement sign with internal rotation, mild weakness to forward flexion and full range of motion in the shoulder. Current diagnoses included right shoulder impingement with history of arthroscopy and manipulation under anesthesia. The treatment plan included requesting authorization for a gym membership so that the injured worker could train with a trainer to regain full strength in the shoulder before returning to her job.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 months of gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

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

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, 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. A personal trainer is not a medical professional and is not trained to maximize an injured shoulder while preventing injury. The use of a personal trainer will more likely injure the patient than benefit the patient. Gym membership is not a medical treatment and the use of a trainer is not medically necessary or appropriate.