

Case Number:	CM15-0163695		
Date Assigned:	08/31/2015	Date of Injury:	01/17/2014
Decision Date:	10/07/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/20/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male who sustained an industrial injury on January 17, 2014. A progress note dated June 01, 2015 reported subjective complaint of achy left shoulder by the end of a work day and a little sore along the edge of the acromion otherwise functioning well, swimming 5 days a week. Objective assessment noted full range of motion if done slowly with abduction now at 160 degrees. He is diagnosed with left rotator cuff tear. The plan of care noted continuing with regular work duty with recommendation for a gym membership for continued swimming. He has weaned off Norco successfully and is to use over the counter medicine only. A physical therapy session note dated February 02, 2015 reported the worker continuing to improve. The assessment noted the following deficits: decreased functional tone, functional flexibility and range of motion. He is still exercising 5 days a week at the [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirteen (13) month [REDACTED] membership for continued swimming: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Section: Shoulder (Acute & Chronic) updated 5/4/2015.

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

Decision rationale: The patient presents with pain affecting the left shoulder. The current request is for Thirteen (13) month [REDACTED] membership for continued swimming. A report with the 13-month membership was not submitted in the records provided for review, however a 3-month one was. The treating physician states in the report dated 6/2/15, "We are going to recommend a 3 month membership at the [REDACTED] for continued swimming, which would be a wonderful exercise for his shoulder and he indeed finds it to be the case". (24B) The MTUS guidelines do not address gym memberships. The ODG guidelines states that they are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. There is nothing in the medical reports reviewed to support this request. The current request is not medically necessary.