

Case Number:	CM15-0185876		
Date Assigned:	09/28/2015	Date of Injury:	02/01/2012
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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 41 year old female, who sustained an industrial injury on 02-01-2012. She has reported subsequent right upper shoulder, wrist and elbow pain and was diagnosed with post contusion of the right upper extremity, rotator cuff tear of the right shoulder, right carpal tunnel syndrome and right ulnar nerve compression at the elbow. MRI of the right shoulder on 02-23-2015 revealed small focal area of calcific bursitis of the junction and small amount of subacromial bursal fluid. Treatment to date has included pain medication and physical therapy. The number of physical therapy visits received is unclear and there was no documentation of significant pain relief or functional improvement with therapy. In a progress note dated 06-11-2015 the injured worker complained of right shoulder pain and objective findings showed elevation of the right arm to 150 degrees and tenderness of the right shoulder and was noted to be in therapy for the right shoulder, elbow and wrist. In a progress note dated 08-10-2015, the injured worker was seen for follow up evaluation. The injured worker was noted to be going to physical therapy and was working but was reporting continued pain. The severity of pain was not rated. Objective examination findings were noted to be unchanged but no specific findings of body systems were documented. The physician indicated that a gym membership was needed to "aid the injured worker in outside physical therapy." Work status was documented as modified. A request for authorization of gym membership was submitted. As per the 09-08-2015 utilization review, the request for gym membership was non-certified.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Gym memberships.

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 not have any sections that relate to this topic. As per Official Disability Guidelines, Gym memberships are not recommended unless they are supervised or require special equipment. Gym memberships are not supervised, are not being assessed by medical professionals and therefore are not considered medical treatment with no appropriate documentation or information returning to the provider. It is unclear why patient cannot perform home exercise without a gym. While continued exercise is recommended, Gym membership is not medically necessary.