

Case Number:	CM15-0197305		
Date Assigned:	10/12/2015	Date of Injury:	04/25/2002
Decision Date:	11/19/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/07/2015

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, Indiana, New York
 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 is a 59 year old male, who sustained an industrial injury on 04-25-2002. He has reported subsequent right hip, lower extremity, neck, arm and right shoulder pain and was diagnosed with localized, primary osteoarthritis of the shoulder region, displacement of lumbar and cervical intervertebral disc, localized primary osteoarthritis of the pelvic region and thigh, disorder of rotator cuff and enthesopathy of hip region. Treatment to date has included pain medication, hip injection, application of heat and surgery and physical therapy of the shoulder. Physical therapy and injections were noted to help significantly. In a progress note dated 08-10-2015, the injured worker reported right hip pain radiating down the leg with weakness that was rated as mild to moderate and neck pain radiating down the arm with numbness and right shoulder pain rated as moderate to severe with numbness, tingling, swelling, popping and clicking. Objective examination findings revealed tenderness of the acromioclavicular joint, greater tuberosity and bicipital groove, glenohumeral joint region, lateral cuff insertion, limited range of motion, popping and crepitus, positive Hawkin's, Neer's, O'Brien's and Speed's tests and weakness to abduction. Work status was documented as temporarily totally disabled. The treatment plan included water rehabilitation at [REDACTED] for 6 months and continued pain medication. There was no documentation of a failure of a home exercise program. A request for authorization of gym membership for 6 months for the right shoulder and low back was submitted. As per the 09-24-2015 utilization review, the request for gym membership for 6 months for the right shoulder and low back 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 for 6 months for the right shoulder and low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Gym membership.

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

Decision rationale: Pursuant to the Official Disability Guidelines, gym membership for six months for the right shoulder and low back is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment, revision has not been effective, and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals area with unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker's working diagnoses are carpal tunnel syndrome; localized primary osteoarthritis of the shoulder region, pelvic region and thigh; joint pain in ankle and foot; displacement cervical and lumbar intervertebral disc without myelopathy; degeneration intervertebral disc; disorder rotator cuff; subacromial bursitis; enthesopathy hip region; acquired trigger finger; strain of shoulder rotator cuff; and glenoid labrum detachment. Date of injury is April 25, 2002. Request authorization is September 8, 2015. According to an August 10, 2015 progress note, subjective complaints include ongoing right hip pain. The injured worker ambulates with a cane. Additional complaints include pain and shoulder pain. Objectively, there is tenderness to palpation at the AC joint and greater tuberosity. There is a detailed physical examination of the shoulder. There is no physical examination of the lumbar spine. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. There are no compelling clinical facts indicating a gym membership is clinically warranted. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline non-recommendations for a gym membership and no compelling clinical facts to support a gym membership, gym membership for six months for the right shoulder and low back is not medically necessary.