

Case Number:	CM15-0201108		
Date Assigned:	10/16/2015	Date of Injury:	06/08/2011
Decision Date:	11/25/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/13/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 55 year old male who sustained a work related injury June 8, 2011. Past history included status post surgery left shoulder acromioplasty. Diagnoses are chronic pain syndrome; left shoulder pain. According to a functional restoration program progress note, as of August 28, 2015, he had completed four weeks of a functional restoration program and is now ready to transition into an independent exercise program. He has showed commitment to the program and learned a home exercise program, incorporating relaxation techniques into his daily routine and management. He is completing 45 minutes of cardiovascular exercise using a treadmill 4 times a week, lifting capacity floor to waist 20 pounds, waist to shoulder level is 15 pounds, sitting tolerance increased from 35 to 45 minutes. He was able to wean off most of his medication. Current medication is documented as Lidopro and Naproxen. At issue, is a request for authorization for a three-month health club membership. According to an acupuncture visit note dated September 22, 2015, the injured worker is undergoing his 2nd of 6 visits (second set of 6) to treat his left shoulder pain. He reported his pain as 5 out of 10. There is tenderness on palpation of the left shoulder capsule. According to utilization review dated September 24, 2015, the request for 3 Months Health Club Membership is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Months health club membership qty: 1.00: 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), Shoulder, Gym memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: CA MTUS/ACOEM and Chronic Pain Medical Treatment Guidelines are silent on the issue of gym membership. Alternative guidelines were utilized. According to the Official Disability Guidelines Low Back Chapter, Gym membership, "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." According to the ODG shoulder chapter, gym memberships are 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. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In this case, there is lack of evidence that the claimant cannot perform a home based exercise program. The request does not meet the criteria set forth in the guidelines and therefore the request is not medically necessary.