

Case Number:	CM15-0201759		
Date Assigned:	10/16/2015	Date of Injury:	06/28/2005
Decision Date:	12/01/2015	UR Denial Date:	09/18/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 74 year old male who sustained an industrial injury on 6-28-05. The injured worker reported pain in the right shoulder. A review of the medical records indicates that the injured worker is undergoing treatments for right rhomboid strain and periscapular myofascial pain. Provider documentation dated 7-13-15 noted the work status as retired. Treatment has included exercise, Ibuprofen since at least May of 2015, Lyrica since at least May of 2015, Flexeril since at least May of 2015, water exercise since at least May of 2015, and relaxation. Objective findings dated 9-11-15 were notable for right shoulder with restricted range of motion, tenderness to palpation to the periscapular muscles, Hawkins and Neer tests positive. The original utilization review (9-18-15) denied a request for Gym membership x 12 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x 12 months: 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 backs - 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 Chapter/Gym Memberships Section.

Decision rationale: The MTUS Guidelines do not address the use of a gym membership. The ODG does not recommend a gym membership as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. The injured worker has a home exercise program already. There is also no indication that the exercises that the injured worker needs to perform require special equipment that may necessitate a gym membership. Therefore, the request for gym membership x 12 months is not medically necessary.