

Case Number:	CM15-0205092		
Date Assigned:	10/23/2015	Date of Injury:	02/01/2012
Decision Date:	12/11/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 41 year old female who sustained a work-related injury on 2-1-12. On 9-17-15 the injured worker reported pain in her right shoulder. She was able to actively elevate her right arm to 120 degrees and passively to 150 degrees with pain (no change from 8-20-15). She had tenderness to palpation over the right shoulder. Medical record documentation on 9-28-15 revealed the injured worker was being treated for right rotator cuff tear, right carpal tunnel syndrome, and right ulnar nerve compression. The evaluating physician noted that the injured worker had declined a steroid injection and had been approved for ten sessions of physical therapy for the right shoulder. Physical therapy had not been scheduled at the time of the 9-17-15 evaluation. Objective findings included right shoulder flexion and abduction of 90 degrees with pain. Documentation on 8-25-15 indicated the evaluating physician requested a gym membership for the injured worker to aid her in "outside physical therapy." The patient had MRI of the right shoulder in 2/2015 that revealed no RCT and calcified changes in RC. The patient had right upper extremity crush injury. The patient had received an unspecified number of acupuncture, PT visits for this injury. Per the note dated 9/17/15 the patient was authorized for 12 PT visits and PT visits were not started. The current medication list was not specified in the records specified.

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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15) Gym memberships.

Decision rationale: ACOEM/MTUS guideline does not address for this request. Hence ODG is used. Per the ODG guidelines gym membership is "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." A contraindication for a home exercise program was not specified in the records provided. A medical need for exercise equipment was not specified in the records provided. The patient had received an unspecified number of acupuncture, PT visits for this injury. Per the note dated 9/17/15 the patient was authorized for 12 PT visits and these PT visits were not started. A detailed response to conservative therapy was not specified in the records provided. A detailed rationale for the Gym membership was not specified in the records provided. The medical necessity of the request for Gym membership is not fully established in this patient.