

<b>Case Number:</b>	CM15-0022814		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	12/10/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Physical Medicine & Rehabilitation

### 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 60-year-old male who reported an injury on 12/10/2013. The mechanism of injury was not provided. He was diagnosed with a chronic partial distal biceps rupture. His past treatments were noted to include medications, use of a TENS unit, physical therapy, and a gym membership. On 02/17/2014, the injured worker presented with complaints of pain in the left biceps. His physical examination revealed slightly decreased motor strength at the left biceps to 4+/5. Treatment plan included an orthopedic consult due to the injured worker's persistent symptoms despite physical therapy and his gym membership. Requests were received for a gym membership extension for 3 months and a Functional Capacity Evaluation. However, specific rationales for these requests were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership Extension for 3 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) Shoulder, Gym Membership, Physical Therapy (PT) Exercise and Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & leg, Gym memberships.

**Decision rationale:** According to the Official Disability Guidelines, gym memberships are not recommended as a medical prescription unless a structured home exercise program has not been effective and there is a specific need for equipment. The guidelines also state treatment needs to be monitored and administered by medical professionals. The clinical information submitted for review indicated that the injured worker was exercising with use of a gym membership. However, the documentation did not address whether he had tried and failed an adequate course of treatment with a structured home exercise program. There was also no documentation indicating that he needed a specific type of equipment. It was also not documented as to whether his exercise of the gym membership was supervised/monitored by a medical professional. For these reasons, the request is not medically necessary.

**Quantitative Functional Capacity Evaluation of Left Arm:** 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), American College of Occupational and Environmental Medicine (ACOEM) Chapter 7 pg 132-139.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty, Functional Capacity Evaluation.

**Decision rationale:** According to the Official Disability Guidelines, Functional Capacity Evaluation is recommended prior to admission to a work hardening program or when case management is hampered by complex issues or the patient is close to maximal medical improvement. The clinical information submitted for review did not address the request for a Functional Capacity Evaluation. There was no clear documentation showing that he was being considered for a work hardening program or was close to maximal medical improvement. In the absence of a clear indication for Functional Capacity Evaluation, the request is not supported. As such, the request is not medically necessary.