

Case Number:	CM15-0028668		
Date Assigned:	02/20/2015	Date of Injury:	09/18/2013
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/23/2015

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: North Carolina
 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:

The injured worker is a 59 year old male, who sustained an industrial injury on 09/18/2013. The diagnoses have included rotator cuff tear and right shoulder pain. Noted treatments to date have included surgery, physical therapy, home exercise program, and medications. Diagnostics to date have included MRI which showed rotator cuff tear of the right shoulder that appeared to be chronic in nature per surgery evaluation dated 11/13/2013. In a progress note dated 01/20/2015, the injured worker presented with complaints of his right shoulder. The treating physician reported it had been over a year following the injured worker's right shoulder decompression for irreparable rotator cuff tear. Utilization Review determination on 01/30/2015 non-certified the request for Continue Gym Membership for 3 Months for Right Shoulder citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Gym Membership for 3 months - right shoulder: 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) Lumbar Chapter, Gym Memberships

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, gym memberships

Decision rationale: The California MTUS and the ACOEM do not specifically address gym memberships. Per the Official Disability Guidelines, gym memberships are 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 specialized equipment not available at home. Treatment needs to be monitored and administered by medical professionals. There is no included documentation, which shows failure of home exercise program. The criteria for gym membership as outlined above have not been met. Therefore the request is not certified.