

<b>Case Number:</b>	CM15-0218230		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	07/31/2014
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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:

This is a 29-year-old female with a date of industrial injury 7-31-2014. The medical records indicated the injured worker (IW) was treated for cervical sprain-strain; right shoulder sprain-strain with documented rotator cuff tear, effusion and bursitis; cervicgia with spasm; and myalgia and myositis. In the progress notes (9-29-15), the IW reported her pain levels were improved with physical therapy and she had finished all sessions. Right shoulder pain was 2 out of 10, as reported at her 8-25-15 visit, and neck pain was 0. She stated she had stiffness on the right side of the neck. She noticed difficulty turning her head to the right, especially when driving. She also complained of right wrist pain, which she said may have started with or been exacerbated by physical therapy, where she was lifting weights and doing other exercises with the right upper extremity. She was post-op right shoulder surgery. On examination (9-29-15 notes), right shoulder active range of motion was 165-170, abduction 165-170; the right acromioclavicular (AC) joint and deltoid muscle was taut and there was tenderness here and along the right cervical spine at about C3 to C7. Apley's sign was positive and the AC joint and posterior shoulder girdle were painful on palpation. The right wrist appeared to possibly have a ganglion cyst. Treatments included right shoulder arthroscopy and physical therapy (at least 6 sessions). The IW was on modified work status. A gym membership was requested, as the provider was concerned right shoulder range of motion was not maximized and it was necessary for her to continue her exercise protocol. A Request for Authorization was received for a gym membership. The Utilization Review on 10-13-15 non-certified the request for a gym membership.

## 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, Shoulder (Acute and Chronic): Gym Memberships (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

**Decision rationale:** It can be expected that the patient had been instructed in an independent home exercise program to supplement the formal physical therapy the patient had received and to continue with strengthening post discharge from PT. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. Submitted reports have not demonstrated indication or necessity beyond guidelines criteria. The Gym membership is not medically necessary and appropriate.