

Case Number:	CM15-0037209		
Date Assigned:	03/05/2015	Date of Injury:	02/12/2013
Decision Date:	04/09/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/27/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 51 male who sustained an industrial injury on February 12, 2013. He has reported pain to the shoulder and has been diagnosed with status post shoulder surgery and rotator cuff tear, right. Treatment has included surgery, physical therapy, and a home exercise program. Currently the injured worker had shoulder flexion was 4/5 on the left side, shoulder abduction was 4/5 on external rotation was 4/5 on the left side. The treatment plan included a gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six month health club membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder (updated 10/31/14) 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, Gym memberships.

Decision rationale: The patient is a 51 year old male with an injury on 02/12/2013. He had shoulder surgery, post operative physical therapy and instruction in a home exercise program. ODG notes that gym memberships are not recommended. Treatment needs to be monitored and administered by medical professionals. The requested gym membership is not medically necessary.