MAXIMUS Federal Services

Case Number:	CM15-0042440		
Date Assigned:	03/12/2015	Date of Injury:	01/28/2013
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/06/2015

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: Pennsylvania, Ohio, 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 48-year-old male who sustained an industrial injury on 01/28/2013. Current diagnoses include frozen shoulder and rotator cuff tear. Previous treatments included medication management, patient education, home exercise program, prior physical therapy sessions, right shoulder surgery, and cortisone injection. Current diagnostic studies included right shoulder MRI. Report dated 02/10/2015 noted that the injured worker presented for right shoulder follow-up. The injured worker noted that he completed his last physical therapy appointment, shoulder injection helped a lot and continues to improve, but is weak, fatigues and cannot sleep on it. Physical examination was positive for abnormal findings. The treatment plan included participation in a gym program and tries to increase his activities as tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation; Physical Therapy & Exercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page 46, Physical Medicine Page 98-99.

Decision rationale: MTUS states that there is not sufficient evidence to recommend one particular exercise program over another and that transition to independent active home rehabilitation is recommended. Thus while a home exercise program is encouraged for almost all patients, such an exercise program does not generally require special equipment such as that available with a gym membership. The records in this case do not provide a rationale as to why this patient would require a gym membership on a medical basis rather than a home exercise program without such specialized equipment. Thus, this request is not medically necessary.