

Case Number:	CM13-0023554		
Date Assigned:	11/15/2013	Date of Injury:	11/09/2011
Decision Date:	12/04/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/12/2013

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. The expert reviewer is Board Certified in Occupational Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 9, 2011. Thus far, the applicant has been treated with following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy, both preoperative and postoperative. In a Utilization Review Report dated September 4, 2013, the claims administrator denied a request for a 12-month gym membership. The applicant's attorney subsequently appealed. In an operative report dated May 17, 2013, the applicant did undergo shoulder arthroscopy with debridement and lysis of adhesions. In an August 14, 2013 progress note, the applicant was described as having ongoing complaints of shoulder pain some three months removed from the arthroscopy and debridement procedure. The applicant was working with a trainer at a local gym. Near full range of motion about the shoulder was appreciated with some slight weakness evident on exam. It was stated that the applicant was not working with limitations in place as his employer was reportedly unable to accommodate the limitations. A supervised gym membership with a trainer was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUPERVISED GYM MEMBERSHIP WITH TRAINER FOR 12 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume some responsibilities, one of which includes adhering to and maintaining exercise regimens. The gym membership being sought here, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payor responsibility. Therefore, the request is not medically necessary.