

Case Number:	CM14-0129586		
Date Assigned:	08/20/2014	Date of Injury:	03/01/2008
Decision Date:	09/30/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 50-year-old gentleman was reportedly injured on March 1, 2008. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated July 22, 2014, indicates that there are ongoing complaints of right shoulder pain. Current medications include Prilosec and Norco. The physical examination demonstrated tenderness of the right shoulder and left elbow. There was decreased right shoulder range of motion and a positive Neer's impingement sign. Examination of the left elbow showed decreased range of motion. There was slightly decreased muscle strength with the right deltoid and the left wrist extensor at 4+/5. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes right shoulder surgery x 2 and left elbow surgery x 2. A request had been made for a one year gym membership with a pool and was not certified in the pre-authorization process on August 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One-year gym membership with a pool: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), Low back, Lumbar and Thoracic.

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 Membership, updated August 27, 2014.

Decision rationale: According to the Official Disability Guidelines, a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is need for additional equipment. Additionally treatment in a gym and a pool environment needs to be monitored and administered by medical professionals. According to the attached medical record there is no documentation that home exercise program is ineffective or in adequate. Considering this, the request for a gym membership with a pool is not medically necessary.