

Case Number:	CM14-0132206		
Date Assigned:	08/22/2014	Date of Injury:	03/27/2013
Decision Date:	10/10/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/18/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 34 year old female who sustained an industrial injury on 03/27/13. Her notes from 07/08/14 were reviewed. Her right shoulder was noted to be improving. Her range of motion was also improving. Her major complaint was chest pain. Her right shoulder range of motion was limited to 130 degrees abduction, 125 degrees flexion and thirty degrees both internal and external rotation. Her diagnosis was right shoulder capsular labral reconstruction. She was off work. She was recommended to enter a gym program for six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Month 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, Treatment for Workers Compensation, Shoulder Procedure Summary (last updated 04/25/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, lumbar and thoracic, Gym memberships

Decision rationale: According to Official Disability Guidelines, a gym membership is not recommended unless a home exercise program has not been effective and there is a need for

specialized equipment. Plus, treatment needs to be monitored and administered by medical professionals. Gym memberships and unsupervised programs provide no information flow back to the provider, so they can make changes to the prescription and there may be a risk for further injury to the patient. Gym memberships, swimming pools etc. would not generally be considered medical treatment, and are therefore not recommended. Hence the request for gym membership for 6 months with aquatic therapy is not medically necessary or appropriate.