

Case Number:	CM14-0140706		
Date Assigned:	09/08/2014	Date of Injury:	12/14/2000
Decision Date:	09/29/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	08/28/2014

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 Family Practice, 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:

This 59 year old male claimant sustained a work injury on 12/14/2000 involving the shoulder, neck, back and lower extremities. He was diagnosed with adhesive capsulitis of the shoulder, rotator cuff sprain, meniscal tear and lumbar strain. He had undergone numerous sessions of physical therapy. He had an arthroscopy for an osteochondral defect in the left knee. He had been using a gym membership to keep himself active. A physical therapy note on 7/1/14 indicated he was making good progress and was performing home exercises. A subsequent request was made in August 2014 for transition to a gym membership from physical therapy and personal training sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym membership.

Decision rationale: According to the ACOEM guidelines, at home exercises are recommended. In the event that the patient is either incapable of performing home exercise, or otherwise unable

to comply with this option, then a supervised program with a therapist is recommended. There is no recommendation for gym membership under the ACOEM guidelines. In this case, the claimant was able to progress with home exercise. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. Consequently a gym membership is not medically necessary.

PERSONAL TRAINING SESSIONS FOR TRANSITION TO GYM FROM PT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym membership.

Decision rationale: As noted above, the claimant is able to perform home exercises. The claimant had used a gym previously independently. There is no indication for a gym membership and therefore there is no need for a personal trainer for a transition to a gym. This request is not medically necessary.