

Case Number:	CM14-0167355		
Date Assigned:	10/14/2014	Date of Injury:	10/14/2005
Decision Date:	12/16/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/10/2014

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 Orthopedic Surgery 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 is a 54-year-old male with a 10/14/05 date of injury. He was recently seen on 9/22/14 for left shoulder osteoarthritis and had an arthroscopic debridement 4 months prior. He complained of 4-5/10 pain with activity but no pain at rest and stated his post-operative PT (physical therapy) was helpful but felt his symptoms have recurred. Exam findings revealed left shoulder flexion and abduction to 170 degrees with posterior discomfort and discomfort with resisting abduction. Treatment to date: lefts shoulder arthroscopy with post-operative PT, medications. The UR (utilization review) decision dated 10/08/14 denied the request as the patient improved from surgery with his post-operative PT and the medical necessity for a 6-month gym membership was not clearly established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership for 6 months Left Shoulder: 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 Integrated Treatment/Disability Duration Guidelines

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 Chapter, Gym Membership)

Decision rationale: CA MTUS does not address this issue. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. Gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. This patient had post-operative PT after a shoulder debridement 4 months prior and on exam has a good range of motion. It is unclear why the patient has not transitioned into a home exercise program and why a gym membership is required. In addition, the guidelines do not support treatment unsupervised by medical professionals. Therefore, the request for a gym membership for 6 months was not medically necessary.