

<b>Case Number:</b>	CM14-0167378		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	08/20/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational Medicine, has a subspecialty in Family Practice and is licensed to practice in Ohio. 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 injured worker is a 48 year old male with a given injury date of 8-20-2013. He has had bilateral shoulder pain. He had physical therapy and a cortisone injection to the left shoulder with minimal improvement. In February 2014 he had a right shoulder arthroscopy with a Mumford procedure, labral debridement and subacromial decompression. A left shoulder MRI revealed a partially torn rotator cuff and torn labrum. Left shoulder surgery is anticipated for early 2015. The physical exam shows normal range of motion for both shoulders. The left shoulder reveals tenderness of the acromion, posterior joint capsule, and acromioclavicular joint. There is a positive apprehension test on the left side. The diagnoses include left shoulder rotator cuff syndrome, degenerative arthritis of the AC joint, and a labral tear. The injured worker had transitioned from physical therapy to a home exercise program. A request is made to allow for a 2 hour workout at a gym while on duty to make use of the cables as he is not able to use the free weights provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two (2) hour workout at personal gym (██████████): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 memberships

**Decision rationale:** Gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. While the treating physician does make a case for the need for specialized equipment, the request is for unmonitored treatment. There is no documentation that a home exercise program has failed. Because a home exercise program has not evidently failed and because this request is for treatment not monitored by a medical professional, a two (2) hour workout at personal gym (██████████) is not medically necessary per the referenced guidelines.