

Case Number:	CM14-0025762		
Date Assigned:	03/19/2014	Date of Injury:	05/24/2011
Decision Date:	04/22/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/28/2014

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 Texas. 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 patient is a 59-year-old female who reported an injury on 5/24/11. The mechanism of injury was not stated. The patient is diagnosed with arthrofibrosis in the right shoulder, aftercare surgery of musculoskeletal system, and right rotator cuff tear. The patient was seen by [REDACTED] on 2/11/14. Physical examination was not provided on that date. Treatment recommendations included a 3-month gym membership for a strengthening exercise and stretching program.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE (3) MONTH GYM MEMBERSHIP FOR STRENGTHENING EXERCISE AND STRETCHING PROGRAM 4-5 TIMES PER WEEK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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.

Decision rationale: The Official Disability Guidelines state that gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. The patient does not appear to meet criteria for the requested service. There is no documentation of unresponsiveness to a home exercise program. There is

also no indication that this patient requires specialized equipment. There was no physical examination provided on the requesting date. Based on the clinical information received, the request is non-certified.