

<b>Case Number:</b>	CM14-0214261		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 61-year-old woman with a date of injury of September 16, 2013. The mechanism of injury was a fall. The injured worker's working diagnoses are rupture rotator cuff; and pain in joint, pelvis and thigh. According to the functional restoration program evaluation dated June 18, 2014, the IW underwent 2 months of physical therapy from September 2013 to November 2013. She obtained an MRI of the left shoulder in November of 2013, which showed a rotator cuff tear. The IW underwent a subacromial decompression and rotator cuff repair. Postoperatively, the IW had PT, but continues to have pain. Pursuant to the progress note dated November 18, 2014, the IW presents with multiple pain complains including the left shoulder, left wrist, and left hip. She is a graduate from the [REDACTED] Functional Restoration Program. She currently continues home exercises. Objectively, muscle tone is normal without atrophy in the bilateral upper and lower extremities. There was no edema or tenderness palpated in any extremity. Current medications include Naproxen Sodium 550mg, Venlafexine Hcl 75mg, and Bupropion Sr 150mg. The treating physician reports the IW had prior aquatic therapy with benefit. The current request is for health club membership trial with pool access, thirteen (13) weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Health club membership trial with pool access for 13 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment 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 Section, Gym Membership.

**Decision rationale:** Pursuant to the Official Disability Guidelines, health club membership trial, pool access, for 13 weeks is not medically necessary. Gym memberships are not recommended as a medical prescription unless it documented home exercise program periodic assessment and revision has not been effective and there is a need for it. Plus, treatment needs to be monitored and administered by medical professionals. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker's working diagnoses are rupture rotator cuff; and pain in joint, pelvis, thigh. Current medications are naproxen sodium, bupropion and Venlafaxine. Consequently, absent clinical indications pursuant to the Official Disability Guidelines, health club membership trial, pool access, for 13 weeks is not medically necessary.