

Case Number:	CM15-0011057		
Date Assigned:	01/28/2015	Date of Injury:	03/11/2011
Decision Date:	03/18/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/20/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on 3/11/2011. She has reported pain in the neck, left shoulder, lower back and right shoulder. She underwent left shoulder rotator cuff repair 7/18/14. The diagnoses have included cervical disc degeneration, cervical spondylosis without myelopathy, osteoarthritis of the shoulder, rotary cuff syndrome, displaced intervertebral disc, unspecified, and spinal stenosis. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), medication, and physical therapy and cognitive therapy. Currently, the IW complains of pain in the shoulder, neck, and back, however, the pain was documented to have been slightly decreased from prior evaluation. On 1/9/15, the physical examination was significant for decreased cervical Range of Motion (ROM), with tenderness to muscles surrounding the neck, trapezius, and lumbar spine. The plan of care included cognitive therapy, a pain management consultation, and a one year Health Club membership, along with pending epidural steroid injections. On 1/15/2015 Utilization Review non-certified a Health Club Membership for one (1) year, noting the documentation failed to support that a home exercise program was ineffective. The ODG Guidelines were cited. On 1/20/2015, the injured worker submitted an application for IMR for review of a request for a Health Club Membership for one (1) year.

IMR ISSUES, DECISIONS AND RATIONALES

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

On year health club 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 - Treatment for Workers' Compensation - Shoulder Procedure

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 46-47, Postsurgical Treatment Guidelines Page(s): Gym Membership.

Decision rationale: MTUS states that exercise is a recommended intervention for pain management and states that no single exercise program is recommended over any other program. The ODG addresses gym memberships in the section on the treatment of low back pain and states that gym memberships are not recommended unless a documented home exercise program has not been effective or if specialized equipment is required. The medical record does not contain any description of the failure of a home exercise program and does not describe the need for any specialized equipment. A 1 year gym membership is not medical necessary.