

Case Number:	CM15-0124847		
Date Assigned:	07/09/2015	Date of Injury:	07/09/2009
Decision Date:	08/05/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old female who sustained an industrial injury on 07/09/2015. Mechanism of injury was not documented. Diagnosis is right shoulder pain, status post-surgery. Treatment to date has included surgery, aqua therapy. A physician progress note dated 03/27/2015 documents the injured worker has a well-healed scar with keloid at the surgical site there is tenderness at the shoulder anteriorly and around the subacromial space. She has frequent pain in the right shoulder that is aggravated by forward reaching, lifting, pushing, pulling and working at or above the shoulder level. The pain I characterized as dull. The patient's pain is improving with a course of pool exercises. On a scale of 1 to 10, her pain is rated at a 4. Hawking and impingement signs are negative. There is pain with terminal motion in range of motion. There is no clinical evidence of instability on examination. Treatment requested is for one year gym membership in lieu of formal physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym membership in lieu of formal physical therapy for the right shoulder:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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-Lumbar & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work-related injury in July 2009 and continues to be treated for right shoulder pain. When seen, pain was rated at 4/10 and aggravated by overhead activities. There was improvement with pool exercises. There was shoulder tenderness and pain with range of motion. A gym membership was requested. A gym membership is 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. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documentation of a prescribed exercise program or need for specialized equipment. A home exercise program could include use of TheraBands and a home pulley system for strengthening and range of motion and would not require gym access. The requested membership is not medically necessary.