MAXIMUS Federal Services

Case Number:	CM15-0078443		
Date Assigned:	04/29/2015	Date of Injury:	06/02/2011
Decision Date:	05/28/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/23/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 2, 2011. In a Utilization Review report dated March 25, 2015, the claims administrator failed to approve a request for a three-month gym membership for the left shoulder. The claims administrator noted that the applicant had undergone earlier rotator cuff repair surgery on June 27, 2014. The claims administrator referenced a progress note dated March 3, 2015 and an RFA form dated March 19, 2015 in its determination the applicant's attorney subsequently appealed. On April 21, 2015, the applicant apparently reported issues with restrictive lung disease. The applicant was asked to pursue and/or consider a thoracoscopy and lung biopsy procedure. In a physical therapy progress note dated March 5, 2015, the applicant reported ongoing complaints of shoulder pain status post earlier left shoulder rotator cuff repair surgery. 4- to 4+ to 5/5 left shoulder strength was appreciated with 150 to 155 degrees of left shoulder flexion and abduction. The applicant exhibited good tolerance with exercises, including pushing, pulling, lifting articles weighing up to 40 pounds; it was stated in one section of the note. In a RFA form dated March 17, 2015, a three-month gym membership was sought. In an associated handwritten progress note dated March 25, 2015, the applicant was placed off of work, on total temporary disability. The applicant had apparently developed pneumonia, it was noted. The note was very difficult to follow and not altogether legible. Norco, Albuterol, Symbicort, Singulair, Prochlorperazine and Fosamax were apparently endorsed. Little-to-no narrative rationale or narrative commentary accompanied the RFA for the gym program, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Months gym program/membership for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Shoulder Disorders, Gym memberships.

Decision rationale: No, the proposed three-month gym membership for the left shoulder was not medically necessary, medically appropriate, or indicated here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines notes that applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement level. The MTUS Guideline in ACOEM Chapter 5, page 83 likewise notes that to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. Thus, both page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and page 83 of the ACOEM Practice Guidelines seemingly take position that exercise programs, gym memberships, and the like are articles of applicant responsibility as opposed to articles of payer responsibility. Here, it is further noted that the applicant was apparently able to lift articles weighing up to 40 pounds on a physical therapy progress note dated March 5, 2015. The applicant exhibited shoulder strength ranging from 4- to 4+ to 5-/5 with flexion and abduction to 150 to 155 degree range. Thus, all evidence on file pointed to the applicant's retaining relatively well-preserved shoulder function on or around the date of the request, March 17, 2015. Little-to-no narrative commentary accompanied the RFA form. It was not clearly stated how or why a gym membership was needed, indicated, and/or could advance the clinical and/or vocational picture here. ODG's Shoulder Chapter Gym Membership topic notes that gym memberships are not recommended as a medical prescription unless a home exercise program has been ineffective and there is a need for specialized equipment. Here, there was no explicitly articulated need for specialized equipment. The applicant was off of work, on total temporary disability, as of an associated progress note dated March 23, 2015, strongly suggesting that the gym membership was not, in fact, intended to advance the applicant's activity level or day-to-day levels of function. Therefore, the request was not medically necessary.