

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



---

**Notice of Independent Medical Review Determination**

Dated: 11/15/2013

[REDACTED]

[REDACTED]

|                           |              |
|---------------------------|--------------|
| Employee:                 | [REDACTED]   |
| Claim Number:             | [REDACTED]   |
| Date of UR Decision:      | 7/31/2013    |
| Date of Injury:           | 12/12/2002   |
| IMR Application Received: | 8/12/2013    |
| MAXIMUS Case Number:      | CM13-0009309 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for **gym membership (per month) for a quantity of twelve** is not medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/31/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **gym membership (per month) for a quantity of twelve** is not **medically necessary and appropriate**.

### **Medical Qualifications of the Expert Reviewer:**

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Direct Patient Care and is licensed to practice in California. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The patient is a 55 year old male who sustained a work-related injury on 12/12/2002. The mechanism of injury is not noted. The current diagnoses are: right rotator cuff syndrome and right rotator cuff capsule sprain. Treatment has included examination under anesthesia/arthroscopy of the right shoulder; arthroscopic release of the biceps tendon intra-articularly, posteriorinferior capsular application using thermal energy, subacromial bursoscopy, significant lysis of adhesions, partial synovectomy, extensive resection of dystrophic calcification, revision partial claviclectomy/Mumford procedure, and arthrotomy of the right shoulder with biceps tenodesis using Appian FX suture anchor. He has completed post-operative physical therapy and the range of motion of the right shoulder is 90%. The treating provider has been recommended the patient be authorized a gym membership for a time period of 12 months.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for gym membership (per month) for a quantity of twelve :**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2<sup>nd</sup> Edition (2004) pg. 114, which is a part of the MTUS and the Chronic Pain Medical Treatment Guidelines (7/18/09), which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 46-47, which is part of the MTUS.

Rationale for the Decision:

There is no documentation provided for review necessitating the requested gym membership for a period of twelve months. The California MTUS 2009 Guidelines note exercise is recommended as part of a dynamic rehabilitation, but a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a specific need for specialized equipment. Treatment should be monitored and administered by medical professionals. The documentation reviewed indicates the employee has completed a post-operative physical therapy program and there is no documentation that a home exercise program has failed or that specific equipment is required supporting the medical necessity for a gym membership. **The request for a gym membership (per month) for a quantity of twelve is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/pr

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.