

Case Number:	CM13-0023854		
Date Assigned:	11/15/2013	Date of Injury:	08/03/2009
Decision Date:	01/17/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This claimant's date of injury occurred from a fall on 08/03/2009. He is a 62 year old man who has chronic pain in his neck, shoulders, and his right hand. A CT arthrogram from 07/11/2011 showed an injury to the tendon, an injury to the biceps tendon and a tear involving the anterior glenoid labrum. He had radio frequency ablative therapy to his cervical region twice in the summer of 2012. He had surgery on 03/18/2013 to address these injuries. He has tenderness on exam in his right shoulder. He shows a positive impingement test. The left shoulder shows an acromioclavicular (AC) joint separation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One 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 Work Loss Data Institute (ODG) Guidelines - Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Shoulder (Acute and Chronic) updated 6/12/2013 from the Work Loss Data Institute.

Decision rationale: The claimant's diagnoses include: cervical spondylosis from C3 through C7, cervical spinal stenosis, right shoulder rotator cuff tendonitis, and left shoulder AC separation. He received 24 post-operative sessions of physical therapy. The ODG guidelines state that there must be documentation that the patient failed to benefit from a home exercise program in order to certify a health club membership. In addition, there must be documentation that specific equipment is required for treatment. Based on the information provided, these guidelines have not been met. Therefore, the request for a health club membership is not medically necessary and appropriate.