

Case Number:	CM14-0021920		
Date Assigned:	05/09/2014	Date of Injury:	01/18/2013
Decision Date:	07/10/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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:

The patient is a 29-year-old female with a date of injury of 01/18/2013. The listed diagnoses per [REDACTED] are left shoulder sprain/strain injury, left shoulder rotator cuff injury with tendinitis and possible lumbosacral radiculopathy. According to the 02/03/2014 report by [REDACTED], the patient presents with left shoulder and low back pain. The patient reports beneficial effect from electroacupuncture treatment, but she still has some residual pain and discomfort in her left shoulder and low back. The patient does have positive straight leg raise of the legs and there is decreased lumbosacral range of motion. Motor strength is 5/5 in the lower extremity. The treatment plan includes medication, electroacupuncture, and functional restoration evaluation. The patient is also "to join the gym to do exercises to improve her strength and endurance with a personal trainer." This review is for a personal trainer for 8 sessions and a 6-month gym membership. Utilization review denied the request on 02/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERSONAL TRAINER FOR 8 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Gym Membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE , 491.

Decision rationale: This patient presents with left shoulder and low back pain. The provider is requesting a personal trainer for 8 sessions. The ACOEM, MTUS and ODG guidelines do discuss and support exercise. But the medical guidelines do not address personal trainers. ACOEM guidelines has the following regarding evidence based medicine on page 491. "Evidence based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making. This mandates that information regarding health outcomes in study populations or experimental groups be extracted from the medical literature, after which it can be analyzed, synthesized, and applied to individual patients." The provider does not provide a discussion on why a personal trainer would be needed versus a self directed home exercise program. Medical records show the patient has been instructed to "perform gentle strengthening and stretching exercises" at home since 01/18/2013. Reports dating back to March 2013 indicate the patient was also participating in formalized physical therapy. On May 15, 2013 patient was prescribed additional six physical therapy sessions to "optimize her home exercise program." The patient should be participating in a self directed home exercise regimen and the provider provides no discussion as to why she would not be able to perform these exercises on her own. She has had ample formal physical therapy and even a recent course of 6 "to optimize her home exercise program." The requested personal trainer is not medically necessary and recommendation is for denial.

GYM EXERCISES FOR 6 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Gym Membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym Memberships.

Decision rationale: This patient presents with left shoulder and low back pain. The provider is requesting a 6-month gym membership. Gym memberships are not specifically addressed in ACOEM or the MTUS Guidelines. However, ODG Guidelines states "It is not recommended as a medical prescription unless it documented home exercise program with periodic assessment or revision have not been effective and there is a need for equipment. Treatment needs to be monitored and administered by medical professions." While an individual exercise program is recommended, outcomes that are not monitored by healthcare professional such as gym memberships or advance home exercise equipments are not recommended and not covered under this guideline. The request is not medically necessary.

