

<b>Case Number:</b>	CM14-0039143		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Occupational 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 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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 1, 2011. Thus far, the patient has been treated with the following: Analgesic medications; functional capacity testing; and an unspecified amounts of physical therapy. Patient has and the apparent imposition of permanent work restrictions. The patient has seemingly failed to return to work in his formal role as a mechanic at the winery. In a Utilization Review Report dated March 18, 2014, the claims administrator denied a request for six sessions with a personal trainer for the left shoulder. The patient's attorney subsequently appealed. A February 27, 2014 progress note was notable for comments that the patient's treating provider stated that a one-year self-directed aquatic therapy program and/or six sessions with a personal trainer would be beneficial in helping the patient get ready to return to his formal role at work. The patient was given a refill of Norco. It was stated that the patient would benefit from a consultation with a psychologist. It was stated that the patient's employer would be willing to take him back at work with some limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Sessions with a personal trainer for the left shoulder 3 times a week for 2 weeks, as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/Shoulder>; table 2, Summary of Recommendations, Shoulder Disorders.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, patients must assume certain responsibilities, one of which is to adhere to and to maintain exercise regimens. Thus, the six sessions being sought with a personal trainer by the attending provider, in effect, represent an article which has been deemed by ACOEM to be a matter of patient responsibility as opposed to a matter of payor responsibility. Therefore, the request is not medically necessary.