

<b>Case Number:</b>	CM14-0041040		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	11/11/2005
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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:

This is a 36-year-old male with an 11/11/05 date of injury. The patient was seen on 11/11/13 with complaints of low back pain 5/10 and radiation to the right leg with occasional numbness of the big toe. He is status post a hemi laminectomy on 8/3/10. Exam findings revealed 4+/5 motor strength in the left EHL (Extensor Hallucis Longus). Otherwise no focal neurological deficits were found. He was noted to be at MMI (Maximum Medical Improvement). Treatment to date: medications, lumbar epidurals, physical therapy. The UR decision dated 3/24/14 denied the request given a personal trainer is not considered medical treatment per ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Personal trainer:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 301. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC 2014: Low back, Lumbar and Thoracic: Gym memberships.

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

**Decision rationale:** CA MTUS does not address this issue. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals and there is also no indication that treatment will be administered and monitored by medical professionals. The request is for a personal trainer. This patient had physical therapy and it is unclear why he is not independent in a home exercise program at this time. A personal trainer is not a medical professional. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. Therefore, the request of Personal trainer is not medically necessary and appropriate.