

Case Number:	CM14-0046238		
Date Assigned:	06/27/2014	Date of Injury:	11/01/2011
Decision Date:	07/28/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation 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 54-year-old gentleman with a date of injury of 11/01/11. The mechanism of injury is not discussed in the submitted records. The patient is under the care of an orthopedic specialist for diagnoses of right shoulder partial rotator cuff (RTC) tear, status post a left shoulder RTC repair, lumbago, left leg sciatica, and post-traumatic stress disorder (PTSD). The patient returns for follow-up on 2/27/14, with chronic symptoms affecting multiple body parts. Ongoing conditioning is recommended for this patient's chronic symptoms. A request is made for a gym membership with a personal trainer, so the patient can improve his condition and avoid aggravation of his condition. This was submitted to Utilization Review with an adverse decision rendered on 3/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions with a personal trainer, for the right shoulder, three (3) times a week for two (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 - <http://www.acoempracguides.org/Shoulder;Table 2, Summary of Recommendations, Shoulder Disorders>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym memberships.

Decision rationale: The MTUS/ACOEM Guidelines is highly supportive of maintaining physical activity and of physical exercise. The guidelines support one to two (1-2) sessions of physical therapy to teach a home exercise program. The MTUS and ACOEM are silent with regards to the specific issue of personal trainers. Therefore, the Official Disability Guidelines were considered. The guidelines indicate that treatment is to be monitored and administered by medical professionals. While individual exercise is recommended, more elaborate personal care where outcomes are not monitored by a health professional, are considered medical treatment, and place the patient in further risk of injury. Personal trainers do not have healthcare certification, and are not trained to handle exercise instruction in patients with orthopedic injury. While physical therapy (PT) would be appropriate for the instruction on exercise, a personal trainer is not and is not guideline supported. The medical necessity for a personal trainer is not established.