

<b>Case Number:</b>	CM14-0065636		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/27/2007
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Physical Medicine and Rehabilitation, Pain Medicine, and is licensed to practice in Texas. 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 injured worker is a 48 year old female whose date of injury is 07/27/2007. On this date she lost her balance and fell backwards. Treatment to date includes diagnostic testing, physical therapy, medication management, cognitive behavioral therapy, cervical fusion. Diagnoses include lumbar postlaminectomy syndrome, chronic pain syndrome and lumbar radiculitis. The injured worker has been recommended for a gym membership and personal trainer because the injured worker has a history of traumatic brain injury from a motor vehicle accident when she was 3 years old and is unable to remember the sequence of recommended home exercises. The submitted records indicate that the injured worker is currently attending college classes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership x 6 Months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Low Back Chapter (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 memberships.

**Decision rationale:** There is no indication that a home exercise program has failed or that there is a need for equipment as required by the Official Disability Guidelines. The injured worker reportedly has a traumatic brain injury and is unable to remember the sequence of home exercise program; however, the injured worker is attending college classes. The Official Disability Guidelines generally do not recommend gym memberships as there is no information flow back to the provider, and there may be risk of further injury to the injured worker. Based on the clinical information provided, the request for gym membership for 6 months is not recommended as medically necessary.

**Personal Trainer x 6 Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**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 memberships.

**Decision rationale:** Noting that current evidence based guidelines do not specifically address personal trainers, the reference for gym memberships shall be applied. There is no indication that a home exercise program has failed or that there is a need for equipment as required by the Official Disability Guidelines. The injured worker reportedly has a traumatic brain injury and is unable to remember the sequence of home exercise program; however, the injured worker is attending college classes. The Official Disability Guidelines generally do not recommend gym memberships as there is no information flow back to the provider, and there may be risk of further injury to the injured worker. Based on the clinical information provided, the request for personal trainer for 6 sessions is not recommended as medically necessary.

**House Cleaning Services, once a week for six months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** This is not medical treatment, but a convenience request. There is no indication that the injured worker is homebound on a part time or intermittent basis as required by California Medical Treatment Utilization Schedule guidelines for home health services. Based on the clinical information provided, the request for house cleaning services, once a week for six months is not recommended as medically necessary.