

Case Number:	CM14-0046246		
Date Assigned:	06/27/2014	Date of Injury:	11/01/2011
Decision Date:	04/20/2015	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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male, who sustained an industrial injury on 11/01/2011. He was diagnosed as having right shoulder partial rotator cuff tear, left shoulder rotator cuff repair, left leg sciatica and lumbago. Treatment to date has included modified work and surgical intervention. Per the Primary Treating Physician's Progress Report, dated 2/27/2014 the injured worker reported left arm and left leg numbness. Physical examination revealed pain in the lumbar spine area into his left buttocks and down the level of his left knee. Motor is 4/5 in the lower extremities bilaterally. The plan of care included personal trainer, aquatic therapy, functional capacity evaluation and a pain management consultation. On 3/06/2014, authorization was requested for aquatic therapy program, pain management and 6 sessions with personal trainer for the lumbar spine (3x2).

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions with Personal Trainer, for the Lumbar Spine , 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.acpempracguides.org/Low Back](https://www.acpempracguides.org/Low%20Back); Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 46-47 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships.

Decision rationale: Regarding request for a personal trainer, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships, a related request, are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. Within the documentation available for review, there is no indication that the personal trainer has any special training in the treatment of this patient's diagnoses. Physical therapists, who are specially trained in the treatment of musculoskeletal conditions, are generally recommended to provide instruction in home/gym-based exercises for patients. Utilizing a "personal trainer" for this purpose may increase the risk of injury or complications. There is no documentation indicating why a trainer would be preferred in this particular scenario. In the absence of such documentation, the currently requested personal trainer is not medically necessary.