MAXIMUS Federal Services

Case Number:	CM15-0002781		
Date Assigned:	01/13/2015	Date of Injury:	10/15/2012
Decision Date:	03/16/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/06/2015

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

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 injured worker is a 27 year old male who sustained an industrial injury on October 15, 2012. The mechanism of injury was a fall from a ladder. The injured worker reported sustained a back injury. Diagnoses include chronic low back pain, thoracic sprain, chronic pain syndrome and lumbosacral degenerative disc disease. Treatment to date has included pain management, a lumbar facet injection, a lumbar medial branch block, physical therapy and a radiofrequency lumbar medical branch neurotomy. The current documentation dated December 2, 2014 notes that the injured worker complained of low back pain, rated at a five-six out of ten on the Visual Analogue Scale. He also reported shooting pain to the bottom of his right foot and middle two toes. Physical examination revealed a mildly antalgic gait. Strength of the bilateral lower extremities was grossly normal. On January 6, 2015, the injured worker submitted an application for IMR for review of a gym membership for twelve months and a personal trainer two times a week for twelve weeks. On December 10, 2014 Utilization Review evaluated and non-certified the requests. The MTUS, ACOEM Guidelines and the Official Disability Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership (in months): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter, Gym memberships

Decision rationale: The 27 year old patient presents with lower back pain rated at 3-9/10, as per progress report dated 12/02/14. The request is for GYM MEMBERSHIP (IN MONTHS). The RFA for this case is dated 12/03/14, and the patient's date of injury is 10/15/12. The low back pain does not radiate to the lower extremities but the patient suffers from shooting pain in the bottom of right foot to the middle two toes, as per progress report dated 12/02/14. The patient is also experiencing constant pressure in his knees which affects his sleep. Diagnoses, as per the same report, include chronic low back pain, thoracic strain and pain, lumbosacral strain and pain, and chronic pain syndrome. Medications include Tramadol and Tizanidine. The patient works full time with restrictions, as per progress report dated 12/02/14.MTUS and ACOEM guidelines are silent regarding gym membership. The ODG guidelines state that gym memberships are "Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision."In this case, the request for a gym membership is noted in AME report dated 06/19/14, where the evaluating physician requests for a 1 year membership. In progress report dated 12/02/14, the treater also makes the same request but does not elaborate on it. In progress report dated 05/20/14, the treater states the patient continues a home exercise/stretching program. However, the treater also states that, "It is hard for him to be aggressive with a home exercise program due to pain." It is not clear how the gym membership will help him. Given the patient's date of injury, it is reasonable to assume that the patient has received some physical therapy but the reports do not discuss why the therapy program did not facilitate his transition into home exercise program. There is no documentation of specific objective and subjective outcomes with regards to gym membership. Additionally, there are no details about the need for the use of specialized equipment, and there are no plans for medical supervision at the gym. This request IS NOT medically necessary.

Personal Trainer: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The 27 year old patient presents with lower back pain rated at 3-9/10, as per progress report dated 12/02/14. The request is for PERSONAL TRAINER. The RFA for this case is dated 12/03/14, and the patient's date of injury is 10/15/12. The low back pain does not

radiate to the lower extremities but the patient suffers from shooting pain in the bottom of right foot to the middle two toes, as per progress report dated 12/02/14. The patient is also experiencing constant pressure in his knees which affects his sleep. Diagnoses, as per the same report, include chronic low back pain, thoracic strain and pain, lumbosacral strain and pain, and chronic pain syndrome. Medications include Tramadol and Tizanidine. The patient works full time with restrictions, as per progress report dated 12/02/14.The MTUS guidelines pages 98-99 regarding Physical Medicine state, "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The form of therapy may require supervision form a therapist or medical provider such as verbal, visual and/or tactile instructions(s)."In the AME report dated 06/19/14, the treater states that "He needs a personal trainer to teach him the appropriate exercises and pace him so he does not re-injure himself and can slowly start to improve himself." The AME report requests for 18 visits twice a week so the patient can practice the exercises the other three days of the week. However, in progress report dated 12/02/14, the treater requests for 12 sessions with the personal trainer to guide the patient. Nonetheless, training a patient for an independent exercise program should be done as part of medical treatment by a physical therapist. It is not clear that training by a personal trainer would meet the definition of medical treatment. In this case, it is not apparent that a personal trainer would be qualified to provide such instruction or is it apparent why a personal trainer would be appropriate rather than a physical therapist as the MTUS guidelines recommend. The current request for a personal trainer IS NOT medically necessary.