

Case Number:	CM15-0106547		
Date Assigned:	06/10/2015	Date of Injury:	08/02/2002
Decision Date:	07/13/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/02/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 43 year old female, who sustained an industrial injury on 8/2/2002. The current diagnoses are lumbar or lumbosacral disc degeneration, labral tear right hip, sacroiliac pain, and mood disorder. According to the progress report dated 5/11/2015, the injured worker complains of lower backache, left shoulder pain, right hip pain, bilateral knee pain, and left foot pain. The pain level has increased since last visit; she rates her pain 8/10 with medications and 10/10 without. The physical examination of the lumbar spine reveals tenderness to palpation with tight muscle band over the bilateral paravertebral muscles. There is tenderness to palpation over the right sacroiliac joint. Examination of the right hip reveals tenderness over the groin with painful and restricted range of motion. Right knee reveals tenderness to palpation over the medial joint line, 1+effusion, and painful and restricted range of motion. Left knee is tender to palpation. The current medications are Omeprazole, Oxycodone, OxyContin, Trazadone, Celebrex, Lidoderm patch, Cymbalta, and Gabapentin. Treatment to date has included medication management and physical therapy. The plan of care includes 12 personal training sessions and referral to orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Personal Training QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Guidelines Chapter Low Back.

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.

Decision rationale: The MTUS does not discuss gym memberships/personal trainers, and therefore the ODG provides the preferred mechanism for assessment of medical necessity regarding the topic. The ODG states that gym memberships 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; the provided records do not clarify these concerns and therefore do not provide sufficient evidence to support the request. Additionally, treatment needs to be monitored and administered by medical professionals, which does not encompass personal trainers. While an individual exercise program is of course recommended, the current request given the provided records cannot be considered medically necessary and appropriate.

Referral to Orthopedic Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The MTUS addresses surgical consultation in complaints of the lower back as being indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. The provided records do not provide evidence meeting the requirements for surgical consultation at this time; the records do not indicate failure of conservative modalities if consideration of a personal trainer (non-medical) is concurrent with the consideration of surgery. Therefore according to the guidelines, consultation with a surgeon is not medically necessary at this time, prior to completion of a trial of conservative treatment including medications and formal physical therapy (if this is related to acute exacerbation), closely monitored for evidence of functional improvement.