

<b>Case Number:</b>	CM15-0143704		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	03/10/2009
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, 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 28 year old female with an industrial injury dated 03-10-2009. Her diagnoses included status post left foot anterior calcaneal process fractures fragment excision, primary repair of syndesmotoc ligament and syndesmotoc open reduction and internal fixation, status post left ankle hardware removal, right and left knee sprain and morbid obesity. Prior treatment included walker, physical therapy, and weight reduction program. She presents on 06-04-2015 for follow up. She reported her left knee pain was improved but she continued to report she had pain in her left foot and ankle. She continued to use a walker and had her final physical therapy appointment on the day of the visit. She was not working. Physical exam of the left knee noted no joint effusion. Stress tests remained unchanged. There was lateral left foot and ankle tenderness. Treatment plan included to complete her physical therapy, continue Naproxen, new CAM walker and 10 sessions of semi-private fitness training. The treatment request is for semi-private fitness training x 10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Semi-private fitness training x 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 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 Semi-private fitness training x 10, 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 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 patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the trainer will be overseen by the patient's physician (since the trainer is not a medical professional). In the absence of such documentation, the currently requested Semi-private fitness training x 10 is not medically necessary.