

<b>Case Number:</b>	CM15-0208662		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	12/18/2008
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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:

The injured worker is a 58 year old, male who sustained a work related injury on 12-18-08. A review of the medical records shows he is being treated for bilateral hands, back, legs and feet pain. He has incomplete quadriplegia. In the progress notes dated 8-14-15 and 9-17-15, the injured worker reports bilateral hands, back, legs and feet pain. He rates his pain a 4 out of 10 with medications and a 10 out of 10 without medications. He reports back and legs pain. He rates this pain a 5 out of 10 with medication. On physical exam dated 9-17-15, he is unable to stand or walk without assistance. He has weakness in all extremities. Treatments have included 6 visits to a gym for trainer and pool therapy and medications. Current medications include Oxycodone. He is permanently disabled. The treatment plan includes requests for motorized wheelchair service, a new cushion and a personal trainer. The Request for Authorization dated 9-17-15 has requests for Oxycodone, motorized wheelchair repairs, a cushion and personal trainer visits. In the Utilization Review dated 9-29-15, the requested treatment of a personal trainer x 12 visits is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Based on the 9/17/15 progress report provided by the treating physician, this patient presents with achy bilateral hand and bilateral foot pain, rated 4/10 with medications and 10/10 without medications. The treater has asked for Personal trainer on 9/17/15. The patient's diagnosis per request for authorization dated 9/17/15 is quadriplegia unspec, the patient also has back pain, and complains of constipation as well as anxiety/depression per 8/14/15 report. The patient is using a wheelchair as of 7/7/15 report. The patient is currently taking Oxycodone per 9/17/15 report. The patient is currently permanently disabled as of 9/17/15 report. MTUS guidelines, Physical Medicine section, pages 98-99 states: "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 from a therapist or medical provider such as verbal, visual and/or tactile instructions(s)." In the progress report dated 9/17/15, the treater states: "recommend personal trainer for 12 visits to start with at 24 hour fitness." Per guidelines, training a patient in an independent exercise program should be done as part of medical treatment by a physical therapist. It does not appear that personal training at a gym would meet the definition of "medical treatment." It is also not clear that a personal trainer would be qualified to provide such instruction, nor is there an explanation regarding the use of a personal trainer instead of a physical therapist as recommended by MTUS guidelines. Hence, the request is not medically necessary.