

Case Number:	CM15-0028054		
Date Assigned:	02/20/2015	Date of Injury:	06/25/1998
Decision Date:	04/06/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/13/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 48 year old male who sustained a work related injury on June 25, 1998, where he incurred bilateral tibia fractures and left tibial nonunion when he injured both legs and feet. He underwent surgery with an external fixator placed. Treatment included pain Medications, therapy and bilateral arch supports. He had a surgical intervention on the left lower extremity for a tibial nonunion and was diagnosed with a symptomatic bone spur of the iliac crest. In 2014, he underwent resection of bony exotosis growing off his right iliac crest, which was causing leg and groin pain on the right side. He had been on the medication Neurontin which caused him to gain weight. On January 26, 2015, a request for a service of a personal trainer to assist in weight loss was non-certified by Utilization Review. California Medical Treatment Utilization Schedule and American College of Occupational and Environmental Medicine do not address a personal trainer. Therefore, the request for a personal trainer to assist with weight loss is denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Personal trainer for weight loss: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Physical Medicine.

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

Decision rationale: According to MTUS guidelines, physical therapy "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion" According to MTUS guidelines, physical medicine "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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." The patient underwent an undetermined number of physical therapy for his lower extremities pain without clear and objective documentation of pain and functional improvement. There is no documentation of morbid obesity and the need for a special trainer is not clear. There is no justification how a special trainer will help the patient condition more than home exercise of other physical therapy modalities. Therefore, the request is not medically necessary.