

Case Number:	CM15-0029239		
Date Assigned:	02/23/2015	Date of Injury:	07/12/2010
Decision Date:	04/03/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/17/2015

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: Emergency 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 24 year old male, who sustained an industrial injury on 7/12/2010 related to a 35 foot fall to the ground. The diagnoses have included post traumatic head syndrome, status post T12-L2 fracture and spinal decompression and instrumental surgery (7/14/2010), bilateral lower extremity paraparesis, costochondritis, urinary and stress fecal incontinence and diagnose PLMD vs RLS. Treatment to date has included physical therapy, work restrictions, medications, Neupro patches, TENS unit, transportation, annual gym membership, diagnostic testing including EMG (electromyography)/NCV (nerve conduction studies) and polysomnogram, and specialist consultations. Currently, the IW complains of sharp front headaches for brief seconds and complaints of fatigue. He reports nausea, tinnitus and dizziness. There is back pain and pain and weakness in the left foot. Objective findings included lumbar spine spasm and decreased range of motion, bowel and bladder incontinence, difficulty ambulating due to lower back pain and bilateral lower extremity weakness. He walks independently with a limp using a cane. There is decreased pin prick and light touch to the pelvic region and left lower extremity. On 2/06/2015, Utilization Review non-certified a request for one personal trainer x 3 months to supervise gym exercises and one I-Pad for organizing, scheduling and reading, noting that the clinical findings do not support the medical necessity of the treatment. Non-MTUS sources were cited. On 2/17/2015, the injured worker submitted an application for IMR for review of one personal trainer x 3 months to supervise gym exercises and one I-Pad for organizing.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 personal trainer x 3 months to supervise gym exercises (due to frontal lobe TBI resulting in cognitive/behavioral/memory problems): 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 Exercise, Pages 46-47 Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic(Acute & Chronic), Gym Memberships.

Decision rationale: The requested 1 personal trainer x 3 months to supervise gym exercises (due to frontal lobe TBI resulting in cognitive/behavioral/memory problems), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Exercise, Pages 46-47, note that exercise is "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is insufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." ODG Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships, note that gym memberships are "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual 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. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient." The injured worker has sharp front headaches for brief seconds and complaints of fatigue. He reports nausea, tinnitus and dizziness. There is back pain and pain and weakness in the left foot. Objective findings included lumbar spine spasm and decreased range of motion, bowel and bladder incontinence, difficulty ambulating due to lower back pain and bilateral lower extremity weakness. He walks independently with a limp using a cane. There is decreased pin prick and light touch to the pelvic region and left lower extremity. The treating physician has not documented failed home exercise or specific equipment needs that support the medical necessity for a gym membership. The criteria noted above not having been met, the request for 1 personal trainer x 3 months to supervise gym exercises (due to frontal lobe TBI resulting in cognitive/behavioral/memory problems) is not medically necessary.

1 iPad for organizing, scheduling and reading: 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 Exercise, Pages 46-47 Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships.

Decision rationale: The requested 1 iPad for organizing, scheduling and reading, is not medically necessary. CA MTUS and ODG are silent on this specific issue. CA MTUS Chronic Pain Treatment guidelines, Exercise, Pages 46-47, note that exercise is "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is insufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." ODG Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships, note that gym memberships are "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual 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. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient." The injured worker has sharp front headaches for brief seconds and complaints of fatigue. He reports nausea, tinnitus and dizziness. There is back pain and pain and weakness in the left foot. Objective findings included lumbar spine spasm and decreased range of motion, bowel and bladder incontinence, difficulty ambulating due to lower back pain and bilateral lower extremity weakness. He walks independently with a limp using a cane. There is decreased pin prick and light touch to the pelvic region and left lower extremity. The treating physician has not documented failed home exercise or specific equipment needs that support the medical necessity for a gym membership. The treating physician has not adequately documented the medical necessity for this request. 1 iPad for organizing, scheduling and reading is not medically necessary.