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| Case Number: | CM14-0125532 | | |
| Date Assigned: | 08/11/2014 | Date of Injury: | 01/04/1999 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 07/31/2014 |
| Priority: | Standard | Application Received: | 08/07/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is 57 year old female who was injured on 01/04/1999. The mechanism of injury is unknown. Prior medication history included Vicodin, gabapentin and tramadol. The patient underwent right radiofrequency neurolysis, medial branch nerve root from C2-C6 on 04/19/2014 and left radiofrequency neurolysis, medial branch nerve root on 06/18/2014 from C2-C6. Progress report dated 07/01/2014 states the patient presented with complaints of headaches, right arm, neck and shoulder pain. She reported the pain radiates into both arms. Her neck is tilted to the right. She stated cervical radiofrequencies help with more than 80% of her neck pain for more than 6 months. Objective findings on exam revealed her weight is 198 lbs with height of 5 ft 7 inches. Her weight as of 01/02/2014 was 158 lbs. She has slight forward flexion of the head and slight straightening of the cervical lordosis. Flexion is at 90% of expected range of motion; extension 90% of expected range of motion; right lateral rotation 60% of expected range of motion. Left lateral is 80% of expected range of motion; left and right lateral flexion 75% of expected range of motion. Diagnoses are myalgia and myositis; degeneration of the cervical intervertebral disc, pain in shoulder joint region; cervical spondylosis without myelopathy; and cervicgia. She was instructed to continue her medications and recommended for personal training for appropriate movement and restorative exercise. Prior utilization review dated 07/31/2014 states the request for Personal Training (qty unspecified) is denied as gym membership is not recommended as there is no documented failed home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Personal Training (qty unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 - Lumbar & Thoracic, Gym Membership.

Decision rationale: CA MTUS/ACOEM is silent regarding this request. ODG do not specifically discuss about personal trainer. However, the ODG indicates that gym membership is 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. 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. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. In this case, there is no documentation of home exercise program. Furthermore, the request is considered not medically necessary according to guidelines.