

<b>Case Number:</b>	CM14-0161910		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	08/10/1992
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Family Medicine and is licensed to practice in Colorado. 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:

63 year old female with date of injury 8/10/1992, continues care with treating physician. The records supplied for review do not indicate a cause for the injury or nature of the injury. Patient has chronic low back pain, bilateral hip pain and bilateral knee pain. She has comorbid Hypertension, Chronic Obstructive Pulmonary Disease, Gout and Sarcoidosis, not occupation-related. She is maintained on chronic narcotics as her pain and function are improved on this regimen. (MS Contin, Norco , Valium) Patient's occupational diagnoses are "L4-L5 severe facet changes" that cause low back pain, status Left total hip arthroplasty for avascular necrosis, status post Right hip total arthroplasty with revision and ongoing stress fracture, and sacroiliac joint dysfunction."Per the treating physician, as early as office visit in August 2014, patient noted that she had started working out at a gym and participating in water therapy, which were helping her. She stated at the visit that the exercises were helping her feel better, but that the gym recommended she get a personal trainer. By patient's office visit 9/18/2014, patient had been able to decrease narcotic doses slightly, was doing her own shopping and driving self to and from errands / gym. The treating physician requested 12 sessions with Physical Trainer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Sessions for a Personal Trainer:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back: Gym Memberships

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 416, 446-447, Chronic Pain Treatment Guidelines Guidelines Pain Interventions and Treatments Page(s): 46-47, and 98-99,.

**Decision rationale:** While the MTUS and ACOEM do not specifically mention use of physical trainers, the guidelines do consider supervised exercise programs and their validity /use, which are considered appropriately equivalent. Exercise, including passive programs initially then active therapies including home exercise programs, are recommended, per the MTUS guidelines, to decrease inflammation and promote healing as well as to improve flexibility and strength and to improve overall function in acute and chronic pain. Per available evidence, Active therapies result in statistically significant better outcomes than passive therapies alone as measured by fewer office visits, less overall cost to treat, and less pain / disability. Per the ACOEM, a supervised exercise program, if prescribed as part of a regimen for acute, sub-acute, or chronic low back pain, should address specific goals and be time-limited with the ultimate goal of patient independence with exercise (to then be part of a healthy lifestyle, not a "treatment"). Supervised exercise therapy should reduce symptoms, improve function, and educate the patient to be able to independently manage exercise. When considering patients for an exercise program prescription, 4 criteria should be evaluated, per the ACOEM: 1. stage of (theoretical) tissue healing (acute, subacute, chronic); 2. Severity of symptoms (mild, moderate, severe); 3. Degree and type of deconditioning (flexibility, strength, aerobic, muscular endurance); 4. Psychosocial factors (e.g., medication dependence, fear-avoidance, secondary gain, mood disorders). There is no conclusive evidence to support use of any one exercise or exercise regimen over another, but the MTUS guidelines do provide some recommendations as to the length of supervised exercise programs: 9-10 visits over 8 weeks for myalgia / myositis 8-10 visits over 4 weeks for neuralgia / radiculitis. Per the MTUS guidelines, a home exercise program can be initiated, prior to a supervised program, with some benefits, even in chronic pain. If patient does not improve on home program, then follow up evaluations to verify techniques and compliance with schedule are recommended. If patient still does not improve, lack of motivation or compliance may be an issue and that patient may benefit from a supervised exercise program. More intensive supervised therapies may be required for chronic low back pain. Frequency and duration of supervised exercise would be dependent on improvement, though the guidelines do indicate the aforementioned total number of visits as recommended. The patient of concern has been participating in a home program as well as self-managed care in a fitness facility, per the records supplied. There is some general documentation that patient is improving with her exercise regimen, and some specific examples of her progress. It is mentioned in the treating physician notes that her fitness facility recommends a trainer, but it is not clear if the trainer is a requirement for the facility, or if the trainer is needed to monitor patient because of her other medical conditions, unrelated to the occupational injury, or other reason. The treating physician notes do not indicate that they discussed goals of supervised therapy, or time limit / frequency of treatments with the trainer. Given patient improvement with home program / self-managed exercise, and given lack of specific goals that trainer could help achieve and lack of set schedule / time limits for the supervised program with the physical trainer, the request for 12 sessions (which exceed total number of visits recommended for supervised exercise) with the physical trainer is not medically necessary and appropriate.