

<b>Case Number:</b>	CM14-0217057		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/08/1993
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old female, who sustained an industrial injury on October 8, 1993. Her diagnoses include left plantar fasciitis status post left bunion surgery with residual low-grade stiffness and piriformis syndrome. She has been treated with physical therapy, and she pays for a personal trainer due to some weakness and tightness, which she feels helps with her ongoing physical therapy. On November 19, 2014, her treating physician reports continuing, intermittent left heel pain. The injured worker complains of low back and left hip pain, which she attributes to her left heel problem and resolves with stretching of any type. The physical exam revealed a well-aligned great toe with smooth range of motion and mild tenderness of the left plantar heel. On December 4, 2014 Utilization Review non-certified a prescription for 12-24 visits (1-2 times monthly x 12 months) of physical therapy and a request for 12 visits (2 times a week for 6 months) a personal trainer for the left foot and low back, noting it was unclear whether the injured worker's symptoms had been treated with physical therapy previously, the physical therapy request is excessive and the guidelines would not support it without exceptional factors, and the medical necessity for a personal trainer in addition to physical therapy was unclear. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1-2 monthly x 12 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 47, 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Per the MTUS, physical medicine is recommended with very specific guidelines allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. For myalgia and myositis, unspecified :9-10 visits over 8 weeks. A review of the injured workers medical records reveal that she has already had physical therapy and there is nothing in her current presentation that necessitates deviating from the guidelines, therefore the request for Physical therapy 1-2 monthly x 12 months is outside guideline recommendations and is not medically necessary.

**Personal Trainer 2x a week x 6 months for the left foot and low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 47, 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Per the MTUS, physical medicine is recommended with very specific guidelines, Active therapy requires an internal effort by the individual to complete a specific exercise or task, this may require supervision from a therapist or medical provider such as verbal, visual and /or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. For myalgia and myositis, unspecified :9-10 visits over 8 weeks. A review of the injured workers medical records reveal that she has already had physical therapy and there is nothing in her current presentation that necessitates deviating from the guidelines, certainly nothing unusual enough to warrant the use of a personal trainer instead of a therapist or medical provider, therefore the request for Personal Trainer 2x a week x 6 months for the left foot and low back is outside of guideline recommendations and is not medically necessary.