

Case Number:	CM15-0016037		
Date Assigned:	02/04/2015	Date of Injury:	08/18/2013
Decision Date:	03/27/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/28/2015

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: Physical Medicine & Rehabilitation

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 26 year old male, who sustained an industrial injury on 03/19/2013. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy, lumbago, cervicalgia, pain in thoracic spine, and chronic pain syndrome. Treatments to date have included physical therapy, functional restoration program, Transcutaneous Electrical Nerve Stimulation Unit, and medications. Diagnostics to date have included a normal cervical MRI on 09/27/2013 and a normal lumbar MRI on 09/27/2013. In a progress note dated 12/23/2014, the injured worker presented with complaints of upper, mid, and lower back pain with radiation to right leg. The treating physician reported requesting approval for 6 months of gym membership and 6 sessions with a trainer. Utilization Review determination on 01/12/2015 non-certified the request for Gym Membership for 6 Months and Personal Trainer x 6 Sessions citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for six months: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Gym memberships

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/ lower extremities. The request is for GYM MEMBERSHIP FOR SIX MONTHS. The treater does not explain why exercise cannot be performed at home, what special needs there are for a gym membership and how the patient is being supervised during exercise except "first 6 sessions with a trainer." MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines does not recommend it 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. In this case, there are no such discussion regarding special equipment need, why the patient is unable to exercise at home and how medical supervision will be provided. The request IS NOT medically necessary.

Personal trainer for six sessions: 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)

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

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/ lower extremities. The request is for PERSONAL TRAINER FOR SIX SESSIONS. The MTUS guidelines pages 98-99 regarding Physical Medicine state, "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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The form of therapy may require supervision form a therapist or medical provider such as verbal, visual and/or tactile instructions." The guideline anticipates that training a patient for an independent exercise program should be done as part of medical treatment by a physical therapist. It is not clear that training by a personal trainer would meet the definition of medical treatment. In this case, it is not apparent that a personal trainer would be qualified to provide such instruction or is it apparent why a personal trainer would be appropriate rather than a physical therapist as the MTUS guidelines recommend. The current request for a personal trainer IS NOT medically necessary.