

Case Number:	CM13-0014634		
Date Assigned:	12/27/2013	Date of Injury:	02/12/2010
Decision Date:	04/30/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/21/2013

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 Occupational Medicine and is licensed to practice in North Carolina and New York. 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:

This claimant had an injury 2/12/2010, when she twisted her right knee while assisting a student who fell getting off of a bus; this required subsequent surgery 6/25/12 for a patellar osteochondral defect. She had a chondroplasty and resection of a medial plica. She began physical therapy about 6 weeks after surgery. She is now requesting a "home exercise kit," consisting of both a stair and elliptical component.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise kit: 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), Knee Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338-339, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: Per the post-surgical guidelines in the MTUS, patient education regarding post-surgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise

program to supplement therapy visits. The guideline for surgery for chondromalacia of the patella is 12 visits in 12 weeks, during the postoperative period, defined as 4 months. She is well past this period. There is no need to recreate a gym in her home for home exercises. Furthermore, her surgeon has not recommended traditional physical therapy. Per treatment guidelines (physical medicine), patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The ACOEM Knee Complaints treatment guideline notes that rehabilitation utilizing equipment is reserved for significant knee problems and may be part of postsurgical rehabilitation. The guidance then goes on to say that this is followed by graduation to home exercise, implying that specific equipment use is part of a formal physical therapy program, not home program. Per ODG, exercise equipment is not considered medical in nature.