

Case Number:	CM13-0024959		
Date Assigned:	12/13/2013	Date of Injury:	04/21/2012
Decision Date:	01/28/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine, and is licensed to practice in Indiana and Texas. 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 physician 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. 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 a 37-year-old female who sustained a work-related injury on 04/21/2012. The patient's diagnoses include left knee ACL sprain, degenerative joint disease, left hip sprain and trochanteric bursitis, left ankle sprain, and right hip pain. The patient's prior treatment includes medication management, work restrictions, a knee immobilizer, and a neoprene-type knee sleeve. The patient was most recently evaluated on 12/12/2013. Subjectively, the patient reported sharp and achy left knee pain, which she rated 7/10. The patient also reported that her knee felt weak and unstable. Physical examination revealed an antalgic gait, a positive valgus stress test, tenderness to palpation, and decreased range of motion of the left knee. Treatment plan included a request for a home exercise program and kit for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Home exercise equipment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise
Page(s): 46-47.

Decision rationale: CA MTUS Guidelines state that "there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen". The clinical information provided lack of documentation of a rationale as to why the patient requires a home exercise kit as opposed to a self-directed and independent home exercise program. There is no indication that the patient cannot utilize a home exercise program and achieve the same functional benefit. As such, the request for DME home exercise knee kit is non-certified.