

<b>Case Number:</b>	CM13-0046357		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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:

The injured worker is a 22-year-old female who reported an injury on 04/04/2011. The mechanism of injury was not provided. Current diagnoses include Meniscal and ACL repair of the right knee, bursitis of the right knee, sprain and strain of the cruciate ligament on the right knee, and tear of the medial meniscus on the right knee. The injured worker was evaluated on 09/12/2013. The injured worker reported intermittent moderate pain. Physical examination revealed a well-healed scar at the anterior aspect of the right knee, 2+ tenderness to palpation, 2+ spasm, and positive anterior and posterior drawer testing. Treatment recommendations included postoperative physical therapy as well as a home exercise kit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF HOME EXERCISE KIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE & LEG CHAPTER, HOME EXERCISE KIT.

**Decision rationale:** Official Disability Guidelines state home exercise kits are recommended as an option where home exercise programs are recommended. As per the documentation

submitted, the injured worker is status post right Meniscal and ACL repair performed on 11/20/2012. However, the injured worker has participated in postoperative physical therapy. The injured worker should be transitioned into an independent self-directed home exercise program. The medical necessity for the request durable medical equipment has not been established. As such, the request is non-certified.