

<b>Case Number:</b>	CM13-0052396		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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 patient is a 22 year old injured worker with date of injury 4/4/11 with related intermittent moderate pain to the right knee, pain is aggravated by kneeling and squatting. The patient underwent right ACL repair on 11/20/12. 10/10/13 examination of the knees revealed wasting of the quadriceps muscles. There was normal ambulation without antalgic gait. Heel and toe walking were performed satisfactorily. The injured worker was able to squat partially. There was no gross deformity or effusion or swelling. On palpation of the right knee, there was no tenderness over the medial joint line. There was no palpable tenderness over the lateral joint line of the right knee. Patellar pressure produced 1+ right knee discomfort. Passive extension of the right knee produced no complaints of pain. There was no tenderness over the pes anserinus region. There was no tenderness over the popliteal space. MRI of the right knee (9/29/11) revealed a tear of the lateral meniscus. Treatment to date has included physical therapy, home exercise program, and over the counter medication. The date of UR decision was 9/24/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE HOME EXERCISE KIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines KNEE COMPLAINTS,.

**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, Home Exercise Kits.

**Decision rationale:** According to the Official Disability Guidelines (ODG) , home exercise kits are recommended as an option where home exercise programs are recommended, and where active self-directed home physical therapy is recommended. Based on the medical records provided for review the 10/10/13 evaluation, the injured worker was instructed in a home exercise program along with physical therapy. The orthopedic evaluator believed that the patient had reached her maximal medical improvement level. At the time of exam the knee has been progressively better while the injured worker was doing a home exercise program. The documentation do not address why the equipment included in a home exercise is necessary and superior over conventional modes of exercise and equipment that is readily available at home. The request for a purchase of a home exercise kit is not medically necessary and appropriate.