

Case Number:	CM13-0063710		
Date Assigned:	12/30/2013	Date of Injury:	03/10/2003
Decision Date:	04/18/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/10/2013

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 Internal 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 54-year-old female who reported an injury on 03/10/2003. The mechanism of injury was not stated. The patient is currently diagnosed with osteoarthritis of the lower extremity and pain in the joint of the lower leg. Request for authorization was submitted by [REDACTED] in 11/2013 for a right knee rehab kit. The patient was seen by [REDACTED] on 11/12/2013. The patient completed 16 visits of physical therapy. The patient continued to report weakness and activity limitation. Physical examination was not provided on that date. It is noted the patient underwent a total knee arthroplasty on 09/28/2012, as well as decompression of the peroneal nerve on 07/05/2013. The patient has persistent numbness and tingling along the dorsum of the foot, as well as 4/5 strength. Treatment recommendations at that time included additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

KNEE REHAB KIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter: Exercise Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter, section on Home Exercise Kits.

Decision rationale: The Official Disability Guidelines state home exercise kits are recommended as an option. As per the documentation submitted, the patient has completed a substantial amount of physical therapy to date. The patient has been well-versed in a home exercise program. The medical necessity for a knee rehab kit has not been established. There is no mention of the contents within the proposed kit, nor is there evidence that the patient has been instructed in appropriate use of the kit. Based on the clinical information received, the request is not medically necessary and appropriate.