MAXIMUS Federal Services

Case Number:	CM13-0064745		
Date Assigned:	01/03/2014	Date of Injury:	10/28/2010
Decision Date:	05/12/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/12/2013

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 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 an employee of [redacted] and has submitted a claim for right knee pain with an industrial injury date of October 28, 2010. Final Determination Letter for IMR Case Number [redacted] Treatment to date has included medications, right knee surgery, and 12 sessions of post-operative physical therapy. Utilization review from December 3, 2013 denied the request for resistance chair exercise and rehabilitation system with smooth rider cycle II. The rationale for determination was not included in the records for review. Medical records from 2013 were reviewed, which showed that the patient complained of right knee pain. On physical examination, the right knee had well healed portals. Range of motion was normal and no crepitus was noted. Muscle strength was 4/5 with flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

RESISTANCE CHAIR EXERCISE AND REHABILITATION SYSTEM WITH SMOOTH RIDER CYCLE II: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 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 CHAPTER, EXERCISE EQUIPMENT.

Decision rationale: CA MTUS does not address this issue; however, the Official Disability Guidelines (ODG) state that before the requested exercise kit can be considered medically appropriate, it is reasonable to require documentation that the patient has been taught appropriate home exercises by a therapist or medical provider. In this case, there was no discussion regarding the patient undergoing a home exercise program. Likewise, there was no documentation whether the patient has been instructed on how to use the requested equipment. Therefore, the request for resistance chair exercise and rehabilitation system with smooth rider cycle II is not medically necessary.