

Case Number:	CM14-0005749		
Date Assigned:	02/05/2014	Date of Injury:	07/07/2009
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/15/2014

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 was injured on 07/07/2009. Mechanism of injury is unknown. Prior treatment history has included use of the following medications: Tramadol 50 mg, naproxen 550 mg, omeprazole 20 mg. Prior treatment history included the patient having a right knee arthroscopy. Diagnostic studies reviewed include MRI of the lumbar spine dated 04/25/2013 revealing no disc herniation or disc bulge. There is a benign hemangioma at L2 and no other abnormalities seen. Progress note dated 12/16/2013 documented the patient with complaints of pain in the lower back rate 7/10, bilateral knee pain rated 7/10 and right ankle pain rated 8/10. The pain in her lumbar spine radiates to her right lower extremity, down to the toes, with numbness and tingling. Objective findings on exam reveal she has an antalgic gait and uses a single point cane. Examination of the lumbar spine is positive for tenderness to palpation, myospasm and limited ranges of motion. There is weakness in the lumbar extensors. Positive straight leg rise bilaterally and sensory deficits of the right lower extremity L5 distributions. Examination of the right knee tested positive for tenderness to palpation over the joint line and limited ranges of motion. There is guarding and mild effusion. There is hamstring tightness noted. Examination of the left knee reveals tenderness and limited ranges of motion over the anterior joint line. No swelling is noted. There is hamstring tightness noted.

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 FOR LUMBAR SPINE & BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation MTUS Chronic Pain Medical Treatment Guidelines, Exercise Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Knee and Leg, Lumbar, Exercise..

Decision rationale: This is a request for a "home exercise kit" (no details provided) to improved range of motion, strengthening, and flexibility of the lumbar spine according to the notes. According to MTUS guidelines, there is no sufficient evidence to support the recommendation of any particular exercise regimen over another. According to ODG guidelines, the key to success with exercise appears to be physical activity in any form, rather than through any specific activity. In this case, the patient has chronic low back and bilateral knee pain from an injury on 7/7/09. The patient has done physical therapy, chiropractic, and a home exercise program in the past without documentation of significant functional benefit or pain reduction. No discussion is provided as to what the exercise kit consists of or why the patient would be expected to benefit with this new intervention. Further guidelines do not recommend any particular exercise regimen. Therefore, the request for purchase of home exercise kit for lumbar spine & bilateral knees is not medically necessary and appropriate.