

Case Number:	CM14-0009605		
Date Assigned:	02/14/2014	Date of Injury:	04/08/2013
Decision Date:	06/24/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/24/2014

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 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 underlying date of injury in this case is 04/08/2013. The reference diagnosis is derangement of the meniscus. The patient is status post arthroscopy with meniscectomy, debridement, and lateral release of the right knee on 06/07/2013. On 11/27/2013, the patient's treating physician saw the patient in followup and noted the patient had ongoing right knee pain bothering him intermittently. The patient continued with treatment with Celebrex. On exam, the patient was noted to have joint line tenderness with residual quadriceps weakness as well as residual "cracking" and crepitation. A home exercise kit for strengthening of the knee was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT (DME) PURCHASE HOME EXERCISE KIT FOR RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ASSESSMENT APPROACHES,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine Page(s): 99.

Decision rationale: The Medical Treatment Utilization Schedule Section on Physical Medicine, page 99, recommends transition from supervised rehabilitation to independent home rehabilitation. An independent home rehabilitation program therefore is recommended as has currently been requested. However, the current request is nonspecific since the contents of the requested home exercise kit are unknown. It is unknown as well whether the contents of this kit are individualized for this patient or more generic or generalized kit, and thus without further information it is not known whether some or all of the contents of the kit are medically necessary or not medically necessary for this patient. At this time, there is insufficient information to support the nature of this request, and thus the medical necessity cannot be evaluated. Therefore, this request should be considered not medically necessary.