

Case Number:	CM14-0009616		
Date Assigned:	02/14/2014	Date of Injury:	11/03/2011
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/23/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 11/3/11. A utilization review determination dated 12/23/13 recommends non-certification of a knee exercise kit. 1/20/14 medical report identifies that the patient is recovering from right knee surgery and will need a left knee arthroscopy in the future. She does not have endurance and cannot stand and walk for long periods of time. On exam, there is "evidence of derangement of the knee with ongoing pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: PURCHASE OF KNEE EXERCISE KIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 46-47.

Decision rationale: Regarding the request for Durable Medical Equipment (DME): PURCHASE OF KNEE EXERCISE KIT, California MTUS does recommend the use of exercise. However, within the documentation available for review, there is no documentation identifying why specialized equipment is needed for this patient rather than adherence to a typical independent home exercise program, as they are normally designed without the need for specialized

equipment. In the absence of such documentation, the currently requested DME: PURCHASE OF KNEE EXERCISE KIT is not medically necessary.