

<b>Case Number:</b>	CM14-0102516		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/04/1994
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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, and has a subspecialty in Interventional Spine 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 59 year-old female with the date of injury of 10/04/1994. The patient presents with chronic right knee pain. The patient shows tenderness right along the suture line and the medial parapatellar incision site and inferiorly over the most distal portion of her scars where there is a palpable suture knot. The decrease range of motion severely affects the quality of her life. According to [REDACTED] report on 05/12/2014, diagnostic impression is painful total knee Arthroplasty question mole neuroma. [REDACTED] requested therapeutic exercise. The utilization review determination being challenged is dated on 06/13/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/09/2014 to 08/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapeutic Exercise:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Exercise for Chronic Pain.

**Decision rationale:** The patient presents with pain and weakness in her right knee. The patient is s/p right knee replacement on 03/10/2011 and a revision knee replacement on 04/19/2012. The request is for therapeutic exercise. MTUS guidelines do not discuss therapeutic exercise. ODG guidelines state that "A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime." The treater does not indicate why therapeutic exercise is being requested at this time. There are no reports that specifically discuss this request. According to utilization review letter on 06/13/2014, the treater requested physical therapy with therapeutic exercise and both requests were denied. The treater does not discuss the patient's treatment history and why the patient is not able to do exercises at home. It would appear that the patient has had adequate therapy in the past. Recommendation is not medically necessary.