MAXIMUS Federal Services

Case Number:	CM14-0109658		
Date Assigned:	08/01/2014	Date of Injury:	10/09/2012
Decision Date:	09/09/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/14/2014

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 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:

This is a 54-year-old female who sustained a remote industrial injury on 10/09/12 diagnosed with a right knee injury. The mechanism of injury is not specified in the documents provided. The request for a knee exercise kit was non-certified at utilization review due to the absence of response to the request for additional information necessary to render a determination. The most recent progress note provided is 02/04/14. Patient complains primarily of pain and discomfort in the injured right knee. Physical exam findings reveal pain with range of motion of the right knee. Otherwise, the physical exam findings are unremarkable. Current medications include: Diclofenac and Ibuprofen. It is noted that this visit is for a pre-operative surgical clearance. The treating physician highlights that there are no contraindications to the surgery as planned. Provided documents do not include any previous progress reports other than the one already referenced. The patient's previous treatments are not thoroughly delineated. Imaging studies are also not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

knee exercise kit: Upheld

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

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

Decision rationale: According to CA MTUS guidelines on exercise, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise." Although MTUS supports the utilization of exercise programs at home, the medical necessity of a home exercise kit cannot be supported without knowledge of the specific contents within the kit. Further, the treating physician does not provide a rationale behind why this requested kit is necessary. As this information is not provided, the unspecified contents of the kit cannot be supported by evidence-based criteria and therefore, the request for knee exercise kit is not medically necessary and appropriate.