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| Case Number: | CM14-0012009 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 12/31/2012 |
| Decision Date: | 08/06/2014 | UR Denial Date: | 01/24/2014 |
| Priority: | Standard | Application Received: | 01/30/2014 |

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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 68 year old male who sustained work-related injuries 2-3 years ago during 2012 while working as a truck driver. As a result of those injuries, he has been diagnosed with cervical neuralgia, sprain of the shoulders, neck, back, knee and legs. He has had radiological workup and some surgical intervention including a right kneeww arthroscopic surgery. Specific to this case, he complains of bilateral knee pain at 5/10 with radiation to the right outer thigh area. The pain increase with walking and decreases with rest. He is currently taking gabapentin, hydrocodone, and ibuprofen for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 HOME EXERCISE KIT FOR THE RIGHT KNEE: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Home exercise kit.

Decision rationale: There is insufficient medical documentation to justify need for a home exercise kit. There is no current physical exam data or any detailed, functional treatment goals

that are to be met by the exercise kit. There is a November 11, 2013, detailed assessment of the employee with the plan for a home exercise kit, but no details. The patient has undergone aqua therapy and acupuncture, but there is no mention of the functional benefit results in the documentation provided. The above cited guidelines do recommend home exercise, but for knees state that Both aerobic walking and home-based quadriceps strengthening exercise reduce knee pain and disability, but no difference between them was found. There is no documented plan as to how a home exercise kit will functionally improve the employee's condition. Therefore, a Home Exercise Kit is not medically necessary.