MAXIMUS Federal Services

Case Number:	CM14-0171575		
Date Assigned:	10/23/2014	Date of Injury:	09/02/2013
Decision Date:	11/25/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/17/2014

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 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:

The injured worker is a 37 year old female with a date of injury on 9/2/2013. As per 9/8/14 qualified medical evaluation (QME) report, she presented with complaints of constant left knee discomfort located at the kneecap. Knee pain was increased with standing and walking for prolonged periods and she had difficulty with squatting and kneeling and occasional feeling of the knee giving out due to weakness. An examination revealed that the left knee flexion measured 110 degrees in the prone position limited by anterior thigh pain and feeling of anterior knee pressure. A magnetic resonance imaging (MRI) of the left knee dated 11/7/13 revealed minor extensor mechanism tendinosis with inflammation of the patellar fat pad. Small loose body was present in the medial joint space, medial femoral condyle chondral defect versus small closed tear of the posterior horn of the medial meniscus noted, extensor mechanism tendinosis and mild patellofemoral chondromalacia. She had previously undergone arthroscopic partial medial meniscectomy with chondroplasty of the left knee on 3/19/14. Currently she takes no medication for pain control. Previous treatments to the left knee have included post-operative physical therapy and medications. On 8/20/14 she was recommended a home exercise kit for performance of her left lower extremity/knee home exercise program as taught by her physical/rehabilitation therapist. Diagnoses include left knee medial meniscus tear and extensor mechanisms dysfunction with anterior knee pain. The request for left knee home exercise kit was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee home exercise kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45-47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Home exercise kits

Decision rationale: Per guidelines, home exercise kits are recommended as an option. In this case, there is no clear description of the requested device. There is no mention of any instructions as well as the type and frequency of exercise in the medical records. There is no explanation as to why the injured worker would need such exercise kit versus simple isometric (or isotonic) exercise, requiring no equipment. The records indicate that the injured worker has had unknown numbers of physical therapy; at this juncture, this injured worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Therefore, the medical necessity of the requested exercise kit cannot be established as a medical necessity.