

<b>Case Number:</b>	CM14-0173032		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/06/2008
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Occupational 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:

There were 76 pages provided for this review. The application for independent medical review was for a home exercise to hit purchase for the left knee. It was signed on October 20, 2014. Per the records provided, this 54-year-old male was injured back in 2008 with a twisting injury to the knee. The provider noted on August 18, 2014 that the patient has diabetes mellitus type II, sexual dysfunction, depression and anxiety, hypertension, degenerative joint disease of the left knee, internal derangement of the left knee, compensatory and internal derangement of the right hip, and a tear of the left lateral meniscus. Subjective findings show a history of left knee internal derangement with lateral meniscal tear status post left knee arthroscopy. MR arthrogram of the left knee was requested and the authorization is pending. An internal medicine consultation for evaluation of opiate induced sexual dysfunction was also pending. Physical therapy for the left knee and acupuncture for the right hip and for evaluation of muscular dysfunction was also pending. There was continued left knee pain at 6 to 7 out of 10. There is a request for Synvisc injection. He is unable to wear his left knee and brace. He reports his knee brace hurts the hip and tears his clothes. He has been using a multi-stim unit for pain relief which he uses 1 to 2 times a week after his bike ride. He has a known history of gastrointestinal (G.I.) upset and ulcers with non-steroidal anti-inflammatories. He has a known history of gastroesophageal reflux disease for which he is taking Prilosec. There is left quadriceps atrophy significant when compared to the right. The flexion and hip extension is four out of five. The patient has tenderness to palpation along the left medial joint line. There is tenderness to palpation of the right hip. Medicines include Prilosec, Norco, Ambien, and Cialis. There was a left knee partial lateral meniscectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Exercise Kit purchase for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

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

**Decision rationale:** The ACOEM guides, Chapters 12, 13 and 8 for the back, knee and neck were reviewed. The guides are silent in regards to this care request in this patient's clinical circumstances. Therefore, in accordance with applicable California statutes, other evidence-based sources will be examined. The ODG provides a lengthy description of exercise programs, with no mention of exercise kits. They cite: One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. (Kraus, 1983) (van Tulder-Cochrane, 2000) (van Tulder, 2000) (McLain, 1999) (Philadelphia Panel, 2001) (Mannion, 2001) (Burns, 2001) (Linton, 2001) (Pengel, 2002) (Schonstein, 2003) (Storheim, 2003) (Keller, 2004) (Staal, 2004) (Tveito, 2004) (Kool, 2004) (Liddle, 2004) (Oleske, 2004) (Rainville, 2004) (van Poppel, 2004) (Maher, 2004) (Koes, 2004) (Hurwitz, 2005) (Bruce, 2005) (Wright, 2005) (Mayer, 2005) Out of this lengthy treatise on the exercise program that ODG provides, it is noted that a home exercise program can be accomplished without specialized equipment. Although these items would be nice to have, they would, therefore, not be essential to care of the injury. The request is not medically necessary.