

Case Number:	CM14-0044556		
Date Assigned:	07/02/2014	Date of Injury:	07/01/2012
Decision Date:	08/08/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/11/2014

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 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 50 year old with an injury date on 7/1/12. Patient complains of left knee pain, left hand/wrist pain with throbbing, numbness, and tingling, left elbow pain, and abdominal pain per 3/12/14 report. Patient has ongoing neck pain that radiates to the left trapezius, and lower back pain that radiates to the right leg per 3/12/14 report. Patient also reports symptoms of depression, anxiety and insomnia per 3/12/14 report. Based on the 3/12/14 progress report provided by [REDACTED] the diagnoses are: 1. Chronic neck pain. 2. Left elbow medial epicondylitis (she declined Injection) no therapy. 3. Status post left knee arthroscopy 11/4/13 with contusion 12/16/13. 4. Complaints of depression and anxiety, no improvement. 5. Left wrist tenosynovitis, improved. 6. Complaints of abdominal pain. 7. Complaints of depression and anxiety. Exam on 3/12/14 showed "shifting gait from left knee caused a sore low back. Atrophy of left thigh. Left Knee range of motion: Extension 0, Flexion 0/120. Neurovascular intact. Phalen's test, positive on the left. Hand: decreased sensation 4th and 5th digits. Negative Tinel's at left wrist. Positive patellar tendon pain. Tenderness to palpation to posterior left knee. Positive McMurray's, catching/locking/cracking. Positive Apley's compression. L-spine: painful range of motion. Flexion at 40 degrees, extension at 15 degrees." [REDACTED] is requesting home exercise kit for the left knee. The utilization review determination being challenged is dated 3/26/14. [REDACTED] is the requesting provider, and he provided treatment reports from 9/4/13 to 3/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise kit for the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG-TWC), Knee and Leg (Acute and Chronic)

Decision rationale: This patient presents with left knee pain, left hand/wrist pain, left elbow pain, abdominal pain and is /sp left knee arthroscopy with partial lateral meniscectomy from 11/4/13. The treater has asked for home exercise kit for the left knee on 3/12/14 "to expedite healing and recovery." While exercise is recommended in MTUS, ACOEM, and ODG guidelines, the current request for "exercise kit" for the left knee does not delineate what is included in the "kit." However, ODG knee chapter under "exercise kit," supports it. Recommendation is for authorization.