MAXIMUS Federal Services

Case Number:	CM14-0046294		
Date Assigned:	07/02/2014	Date of Injury:	02/21/2007
Decision Date:	08/20/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/14/2014

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 Family Practice 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 claimant is a 62-year-old female who sustain a work injury on 2/21/07 involving the right knee. She was diagnosed with a lateral meniscal and bucket handle tear. She had undergone a right knee meniscectomy in November 2013. A progress note on March 4, 2014 indicated the claimant had right knee stiffness and weakness. She had undergone physical therapy. Examination was notable for reduced range of motion in flexion and extension. A request was made for an exercise rehabilitation chair with smooth cycle for self-guided strengthening of the quadriceps.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exercise rehab chair with smooth cycle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Pain.

Decision rationale: According to the MTUS guidelines, exercise is recommended. According to the Official Disability Guidelines (ODG), both aerobic walking and home-based quadriceps

strengthening exercise reduce knee pain and disability, but no difference between them was found. A randomized controlled trial of the effectiveness of water-based exercise concluded that group-based exercise in water over 1 year could produce significant reduction in pain and improvement in physical function in adults with lower limb arthritis, and may be a useful adjunct in the management of hip and/or knee arthritis. A literature review of strength training for treatment of osteoarthritis (OA) of the knee found that the development of knee OA depends on a variety of factors, with quadriceps weakness being one of the main factors that was modified by resistance training. More than half of the studies found an improvement in self-reported pain and 79% found an improvement in self-reported disability/mobility following resistance training, with progressive resistance training associated with an overall increase in physical activity levels. Resistance training included resistance machines, free weights, isometric exercise or other devices such as elastic bands. Based on the guidelines and above information, there are many forms of exercises that can improve knee function and reduce pain. There is lack of evidence to support the use of a rehab chair. The request above is not medically necessary.