

Case Number:	CM14-0053800		
Date Assigned:	07/07/2014	Date of Injury:	09/25/2012
Decision Date:	09/03/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/22/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 63-year-old female who was reportedly injured on September 25, 2012. The mechanism of injury was noted as a slip and fall type event. The most recent progress note dated April 8, 2014, indicated that there were ongoing complaints of right knee pain. The physical examination demonstrated a 200 pound individual who was hypertensive (152/95) and required a 4 point cane for ambulation. A 1+ swelling about the knee was noted. A decrease in knee flexion was reported. Diagnostic imaging studies were not presented for review. Previous treatment included total knee arthroplasty, treatment for left foot drop and back surgery unrelated to the compensable event. A request was made for home exercise system and was not certified in the pre-authorization process on April 17, 2014. A previous note indicated the injured employee had been cleared to return to work on modified duty status.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Home exercise system with thera-bands for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers Compensation, Online Edition. Chapter: Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337-338.

Decision rationale: When noting the date of injury, the mechanism of injury, the injury sustained, the surgical intervention completed as well as the current physical examination, there is an indication for a home exercise protocol emphasizing overall fitness, conditioning, achieving ideal body weight and increasing the functionality. However, there is no data presented that a knee exercise module with Thera bands is required. Simple exercises can be completed at home that do not require this type of equipment. The medical necessity is not established in the the progress notes presented for review. Therefore the request is not medically necessary.