

Case Number:	CM14-0056406		
Date Assigned:	07/09/2014	Date of Injury:	09/05/2010
Decision Date:	09/08/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/25/2014

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 Neuromuscular and is licensed to practice in Maryland. 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 51 year old male with a work injury dated 09/05/10. The diagnoses include insomnia, unspecified anxiety, and enthesopathy of the hip and the knee. The documentation indicates the patient is status post right anterior cruciate ligament (ACL) repair in 2011 followed by a course of postoperative physical therapy and Supartz injections, a request for therapeutic exercises are under consideration. There is a Doctors First Report of Injury which was not dated and is hand written; mostly illegible. The note indicated the patient had increased pain to the right hip and right knee. A right knee examination reported a positive Apley's test and the rest of the objective findings were not legible. The plan included a MRI of the left hip, right knee, physical therapy and acupuncture, medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic exercises: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 and 125-126, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, physical medicine Page(s): 98-99.

Decision rationale: Therapeutic exercises are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines do support exercise and state that a therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The documentation submitted reveals only a doctor's first report of injury and documentation that patient has had physical therapy for an ACL repair in 2011. It is unclear why the therapeutic exercises were ordered. The documentation does not indicate that the patient is doing a home exercise program. The documentation does not indicate the outcome of prior physical therapy and how many sessions of therapy the patient has had. The request for Therapeutic exercises is not medically necessary.