

Case Number:	CM14-0182527		
Date Assigned:	12/16/2014	Date of Injury:	01/09/2003
Decision Date:	01/21/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/03/2014

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 59 year old female with an injury date on 01/09/2003. Based on the 04/03/2013 hand written progress report provided by the treating physician, the diagnoses are: 1. Right knee PFA/Tri-compartment, OA, M>L2. Left knee PFA/Tri-compartment, OA, M>L3. L'sp with radicu LE and both facet arthropathy L3-L5 with disc narrowing L5-S1 per MRI 11/03/2011 According to this report, the patient complains of left knee pain. "Patient RTC for 2nd left knee synvisc injection with left knee pain with occasional giving away and buckling." The objective findings indicate "not evaluated today. The patient was evaluated last week." There were no other significant findings noted on this report. The utilization review denied the request for 1 resistance chair (through [REDACTED]) on 10/27/2014 based on the ODG guidelines. The requesting physician provided treatment reports from 01/29/2013 to 04/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 resistance chair (through [REDACTED]): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter: Exercise equipment

Decision rationale: According to the 04/03/2013 report, this patient presents with left knee pain. The current request is for 1 resistance chair but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 04/15/2013 and the utilization review letter in question is from 10/27/2014. Regarding Exercise equipment, the ODG states "Exercise equipment is considered not primarily medical in nature." In this case, the request for 1 resistance chair is not supported by the guidelines. The current request is not medically necessary.