

Case Number:	CM14-0195969		
Date Assigned:	12/03/2014	Date of Injury:	10/31/2012
Decision Date:	01/16/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/24/2014

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 Pain Medicine & Spinal Cord Medicine and is licensed to practice in Montana. 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 sustained a work injury occurring on 10/31/12 when he twisted his left knee and ankle while pushing a wheelbarrow. He underwent left knee arthroscopy with partial medial and lateral meniscectomies on 04/03/14 followed by post-operative physical therapy. Therapeutic content included a home exercise program. He was seen by the requesting provider on 06/09/14. He had completed two therapy sessions. Pain was rated at 2/10. He was ready to return to work. Physical examination findings included minimal swelling and tenderness. On 06/27/14 he was having medial knee throbbing pain rated at 2/10. He had completed 11 therapy treatment sessions. Physical examination findings included mild left knee medial tenderness. On 08/09/14 he was having occasional knee pain in the afternoon. He was no longer having ankle pain. He was determined to be at maximum medical improvement. On 09/10/14 he was no longer having any significant knee or ankle symptoms. He was working without restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee home exercise rehab kit purchase Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), Knee & Leg, Durable Medical Equipment (DME).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The claimant is more than one year status post work-related injury and underwent arthroscopic meniscectomies in April 2014. Treatments included post-operative physical therapy including a home exercise program. The claimant has returned to unrestricted work and is asymptomatic. Post-surgical treatment after knee arthroscopy includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. Compliance with a home exercise program would be expected would not require specialized equipment. Therefore the requested home exercise kit was not medically necessary.

Installation Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), Knee & Leg, Durable medical equipment (DME).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The claimant is more than one year status post work-related injury and underwent arthroscopic meniscectomies in April 2014. Treatments included post-operative physical therapy including a home exercise program. The claimant has returned to unrestricted work and is asymptomatic. Post-surgical treatment after knee arthroscopy includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. Compliance with a home exercise program would be expected would not require specialized equipment. Therefore the requested installation of a home exercise kit was not medically necessary.