

Case Number:	CM14-0206523		
Date Assigned:	12/18/2014	Date of Injury:	04/13/2009
Decision Date:	04/08/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Internal Medicine

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 male injured worker suffered an industrial injury on 4/13/2009. The diagnoses were left knee meniscus tear. The treatments were left knee arthroscopy and physical therapy. The treating provider reported the injured worker complained of knee pain rated 5 to 8/10 with improvement in range of motion from physical therapy. The Utilization Review Determination on 12/4/2014 non-certified: 1. Left Knee home exercise kit, MTUS, ODG. 2. Home exercise program evaluation- Left knee, MTUS, ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee home exercise kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Knee and Leg Procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg Chapter.

Decision rationale: The guidelines from ODG note that durable medical equipment is defined as an item which provides therapeutic benefits or enables the member to perform certain tasks that he or she is unable to undertake otherwise due to certain medical conditions or illnesses. There is no specific documentation provided indicating that the requested home exercise kit is necessary to improve the claimant's knee condition. The claimant has participated in physical therapy and the requested equipment is not specifically required to ensure subjective, objective and functional benefit to her condition. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Home exercise program evaluation- Left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46,47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Knee and Leg Procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 46.

Decision rationale: Per MTUS the physical therapy is indicated for the treatment of musculoskeletal pain. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The documentation indicates the claimant completed a course of physical therapy and she should be able to participate fully in a home exercise program. There is no specific indication for the requested home exercise program evaluation. The claimant can continue the exercises from the physical therapy sessions. Medical necessity for the requested item is not established. The requested item is not medically necessary.