

<b>Case Number:</b>	CM14-0209994		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	07/29/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: Maryland, District of Columbia  
 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 employee sustained an industrial injury on 07/29/12. He was seen on 01/27/14. He was status post right knee diagnostic and operative arthroscopy with open infrapatellar tendon debridement and repair with resection of infrapatellar fibrosis on November 9, 2012. He had received Synvisc One most recently on July 15, 2013 with excellent relief. He was doing well at work and had difficulty with running and stated that his knee felt weak with certain physical activities. On examination he was found to have well healed arthroscopic portals and anterior incision, positive patellofemoral crepitation and positive grind test. Manual muscle testing was 4/5 and range of motion was 0 to 125 degrees. His diagnoses were industrial injury to the right knee, status post right knee arthroscopy as above, status post Synvisc one injection with excellent relief, MRI revealed L5-S1 neuroforaminal narrowing and degenerative disc disease on 03/26/13. The plan of care was Synvisc One for right knee, physical therapy for right knee weakness, tempuropedic mattress and an elliptical machine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tempuropedic Mattress and Use of Elliptical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, lumbar and thoracic, Exercise, Mattress

**Decision rationale:** The employee sustained an industrial injury on 07/29/12. He was seen on 01/27/14. He was status post right knee diagnostic and operative arthroscopy with open infrapatellar tendon debridement and repair with resection of infrapatellar fibrosis on November 9, 2012. He had received Synvisc One most recently on July 15, 2013 with excellent relief. He was doing well at work and had difficulty with running and stated that his knee felt weak with certain physical activities. On examination he was found to have well healed arthroscopic portals and anterior incision, positive patellofemoral crepitation and positive grind test. Manual muscle testing was 4/5 and range of motion was 0 to 125 degrees. His diagnoses were industrial injury to the right knee, status post right knee arthroscopy as above, status post Synvisc one injection with excellent relief, MRI revealed L5-S1 neuroforaminal narrowing and degenerative disc disease on 03/26/13. The plan of care was Synvisc One for right knee, physical therapy for right knee weakness, tempuropedic mattress and an elliptical machine. According to ODG, there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Hence the request for Tempuropedic mattress is not medically necessary or appropriate. According to ODG, exercise is recommended for chronic low back pain and knee pain. While a home exercise program is recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment are not recommended over other exercises. Hence the request for an elliptical machine is also not medically appropriate or necessary.