

<b>Case Number:</b>	CM15-0104436		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 35-year-old female, who sustained an industrial injury on 2/14/13. She reported initial complaints of bilateral knee injuries. The injured worker was diagnosed as having effusion lower leg joint; sprain of other specified sites of knee/leg; osteoarthritis unspecified whether generalized or localized lower leg. Treatment to date has included physical therapy. Diagnostics included MRI left knee (2/3/14). Currently, the PR-2 notes dated 8/26/14 is an "Agreed Medical Examination". These notes indicated the injured worker complains of low back pain, which is constant 4-5/10 mostly, 8/10 at its worst. The pain radiates to the right greater than left posterior thigh all the way to the foot. There is no numbness and tingling in the legs. Pain is worse with bending, twisting, lifting and prolonged standing. This pain is from her second injury 11/13/13 at which time she injured her back. As far as her bilateral knees, the injured worker states the pain is 3-4/10 and 6/10 at its worst. There is no swelling or giving away, but there is locking sensation in both knees and the pain is worsened by kneeling and squatting. The provider recommends a consult with another physician for the bilateral knee pain. There is multiple physical therapy notes submitted, but the PR-2 notes reviewed by Utilization Review were dated 4/16/15. Those notes were not submitted for this review. That provider of the PR-2 notes 4/16/15 requested authorization of a Home exercise program x5 sessions with therapist for bilateral knees and a home exercise kit for knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Exercise Program x 5 Sessions in Home with Therapist for Bilateral Knees: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

**Decision rationale:** The MTUS and the Official Disability Guidelines are silent on this issue. According to the Blue Cross Clinical UM Guideline, health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a doctor are not medically necessary. Home Exercise Program x 5 Sessions in Home with Therapist for Bilateral Knees is not medically necessary.

**DME: Home Exercise Kit to Knees: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

**Decision rationale:** The MTUS and the Official Disability Guidelines are silent on this issue. According to the Blue Cross Clinical UM Guideline, health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a doctor are not medically necessary. DME: Home Exercise Kit to Knees is not medically necessary.