

Case Number:	CM15-0106867		
Date Assigned:	06/11/2015	Date of Injury:	09/20/2014
Decision Date:	07/16/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	06/03/2015

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: Texas, New York, 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 applicant is a represented 40-year-old [REDACTED] beneficiary who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of September 20, 2014. In a utilization review report dated April 25, 2015, the claims administrator failed to approve a request for a knee rehabilitation kit. An RFA form received on April 16, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On April 3, 2015, the applicant reported ongoing complaints of knee, neck, low back, and mid back pain, it was reported. The applicant was not working and was receiving Workers' Compensation Indemnity benefits. Topical compounded medications were renewed while the applicant was placed off of work, on total temporary disability. Acupuncture, physical therapy, and a knee MR arthrogram were sought while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee rehab kit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Home exercise kit.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83; 309, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: No, the proposed knee rehabilitation kit or knee exercise kit was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, back specific exercise machines, i. e., an article essentially analogous to the knee exercise kit at issue, are deemed "not recommended. " Similarly, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS Guideline in ACOEM Chapter 5, page 83 also notes that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which includes adhering to and maintaining an exercise regimen. Here, it was not clearly stated why the applicant needed a rehabilitation kit or exercise kit to facilitate performance of home exercises. The attending provider did not clearly state why (or if) the applicant was incapable of performing exercises of his own accord, without the specialized rehabilitation equipment in question. Therefore, the request was not medically necessary.