

Case Number:	CM15-0130298		
Date Assigned:	07/16/2015	Date of Injury:	08/05/2012
Decision Date:	08/12/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/06/2015

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: Family Practice

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 52 year old female, who sustained an industrial injury on 8/5/2012. She reported pain in her low back, left knee and her neck after falling. Diagnoses have included extrusion and tear of posterior horn of medial meniscus left knee, patellofemoral pain syndrome left knee and instigation of symptomatic osteoarthritis left knee. Treatment to date has included physical therapy, magnetic resonance imaging (MRI), lumbar epidural steroid injections, Hyalgan injections and medication. According to the orthopedic re-evaluation permanent and stationary report dated 6/5/2015, the injured worker complained of left knee pain. Exam of the left knee revealed pain to palpation over the medial and lateral aspects of the left knee. The Patellar Grind Test was positive. There was patellar crepitus present. Authorization was requested for a home exercise kit for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise kit for left knee for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of physical therapy modalities. In general, physical therapy is recommended; however, there are expectations on the number of sessions and the outcomes of these sessions. These MTUS Physical Medicine guidelines state the following: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, after a course of physical therapy for the patient's knee condition, it would be expected that she would be directed towards a self-directed home exercise program. There is no evidence presented that the patient is incapable of performing a home exercise program. Further, there is no rationale provided as to why the patient would need a home exercise kit for purchase in place of instructions from a physical therapist as to appropriate knee exercises. For these reasons, there is insufficient justification for the need for a home exercise kit for the left knee for purchase. This device is not medically necessary.