MAXIMUS Federal Services

Case Number:	CM15-0189272		
Date Assigned:	10/01/2015	Date of Injury:	09/27/2014
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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: Arizona, 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 50-year-old female, with a reported date of injury of 09-27-2014. The diagnoses include history of bilateral knee contusions, bilateral knee sprain, and bilateral internal derangement of the knee. Treatments and evaluation to date have included physical therapy, Lidoderm patch, Tramadol, acupuncture, and home exercise program. The diagnostic studies to date have included an MRI of the knee (unspecified) on 05-27-2015 which showed a thin 1mm wide deep chondral fissure in the medial patellar facet and the inner central weight-bearing lateral tibial plateau, moderate chondromalacia, persistent soft tissue swelling at the superior-lateral aspect of Hoffa's fat pad, and a non-distended Baker's cyst with trace linear silver fluid; and an MRI of the left knee on 05-27-2015 which showed small knee joint effusion, mild swelling, and mild intrasubstance degenerative signal in the posterior horn of the medial meniscus. The progress report dated 08-20-2015 indicates that the injured worker had an abnormal gait due to knee pain. The physical examination of the knees showed well-healed arthroscopic portals about the knees; tenderness to palpation of the bilateral medial knees; bilateral patellar tendons and tibial tuberosity tenderness to palpation; normal range of motion; negative anterior drawer; negative posterior drawer; and positive bilateral McMurray's. The treating physician requested a home exercise kit. The injured worker's work status was noted as modified work. The request for authorization was dated 08-20-2015. The treating physician requested an exercise kit for the bilateral knees. On 08-31-2015, Utilization Review (UR) non-certified the request for an exercise kit for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exercise kit for bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, Knee & Leg, Home exercise kits.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration, Summary, Initial Care.

Decision rationale: According to the guidelines, physical therapy is recommended for education and on a weaning basis with additional therapy to be competed at home. In this case, the claimant was offered physical therapy and a gym membership. There is no indication that range of motion and home exercises cannot be performed with a home exercise kit. The content were not specified. The request is not medically necessary.