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| Case Number: | CM15-0208637 | | |
| Date Assigned: | 10/27/2015 | Date of Injury: | 05/29/2014 |
| Decision Date: | 12/10/2015 | UR Denial Date: | 10/06/2015 |
| Priority: | Standard | Application Received: | 10/22/2015 |

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: Physical Medicine & Rehabilitation

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 38 year old female, who sustained an industrial injury on 5-29-2014. Medical records indicate the worker is undergoing treatment for status post left knee arthroscopy. A recent progress report dated 9-3-2015, reported the injured worker complained of post-surgical knee soreness. Physical examination revealed an antalgic gait, a left knee healed surgical scar and left knee normal range of motion. Treatment to date has included surgery, unknown number of physical therapy visits and medication management. The physician is requesting Purchase of Home exercise kit for right knee. On 10-6-2015, the Utilization Review noncertified the request for Purchase of Home exercise kit for right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home exercise kit for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Knee and Leg Procedure Summary Online Version last updated 05/05/2015.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: The patient was injured on 05/29/14 and presents with pain in her cervical spine, lumbar spine, and right knee. The request is for the Purchase of Home exercise kit for right knee. There is no RFA provided and the patient is on modified work duty with limited prolonged standing, bending, or lifting type activities, no lifting over 10 pounds, and no work at or above shoulder level on the left. MTUS/ ACOEM Guidelines, Chapter 12, Summary of Evidence and Recommendations, page 309 recommends, "Low stress aerobic exercise." ACOEM further states, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise." The patient is diagnosed with cervical disc disease, cervical radiculopathy, left shoulder tendonitis, lumbar disc disease, bilateral sacroiliac joint sprain/strain, and status post left knee arthroscopy. The reason for the request is not provided and there is no indication of what the kit consists of or what sort of exercises are to be performed using this kit. Without knowing what this kit entails, one cannot make a recommendation regarding its appropriateness based on the guidelines. The physician does not provide any useful discussion regarding his request, what exercises are to be performed, and what kind of monitoring will be done to ensure efficacy. Therefore, the requested Home exercise kit is not medically necessary.