

Case Number:	CM15-0023430		
Date Assigned:	02/13/2015	Date of Injury:	12/30/2012
Decision Date:	03/25/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old female, who sustained an industrial injury on 12/14/2012. The diagnoses have included unspecified derangement of medial meniscus and sprain/strain knee and leg. She is status post arthroscopic meniscectomy and debridement of the right knee (8/26/2014). Other treatment to date has included physical therapy, activity modification and medications. Currently, the IW complains of slight pain about the retro patellar region and lateral joint line that is aggravated by heavy lifting, squatting and bending. Objective findings included healed arthroscopic knee incisions on the right knee. Range of motion of the right knee is flexion 130 degrees and extension 0 (zero) degrees. There is no deformity or spasm. There is mild medial and lateral patella facet tenderness. There is mild lateral joint line tenderness. On 2/02/2015, Utilization Review non-certified a request for home exercise kit eval x 1 right knee, noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS, ACOEM Guidelines, and ODG were cited. On 12/30/2012, the injured worker submitted an application for IMR for review of home exercise kit eval x 1 right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise Kit Eval x1 Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (acute & chronic) (updated 10/27/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The claimant has a history of a work injury occurring in December 2012 and underwent an arthroscopic meniscectomy and August 2014. Treatments have included physical therapy. Post surgical treatment after knee arthroscopy includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. Compliance with a home exercise program would be expected would not required specialized equipment. Therefore the requested home exercise kit was not medically necessary.