

Case Number:	CM15-0028229		
Date Assigned:	02/20/2015	Date of Injury:	06/29/2006
Decision Date:	04/07/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/13/2015

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, Hawaii

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 (IW) is a 71 year old male who sustained an industrial injury on 06/29/2006. He has reported severe right shoulder pain and left knee pain that he rates a "10" on a scale of 1-10. Diagnoses include status post right shoulder surgery x2, right shoulder rotator cuff tear, status post left total knee arthroplasty in 2009 with mild flexion instability, adhesive capsulitis left knee and left knee arthrofibrosis. Treatment to date include surgery to the right shoulder x2, and a total left knee arthroplasty in 2009, physical therapy, injections to the right shoulder, Norco, and ibuprofen. A progress note from the treating provider dated 12/08/2014 indicates the right shoulder was limited in extension, adduction and internal/external rotation. There was tenderness at the deltoid and an impingement sign was positive. Left knee range of motion was unimpaired, reflexes were normal and capillary refill was brisk. A MRI of the right shoulder was requested, and the IW prescribed Norco, and ibuprofen. A revision surgery of the left knee was also requested at that time. On 01/26/2015 Utilization Review non-certified a request for Left knee exercise kit. The ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee exercise kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (19th annual edition) & Official Disability Guidelines Treatment in workers Compensation (12 edition annual edition) 2014, Chapter Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee/Leg Chapter Home Exercise Kits.

Decision rationale: The patient presents with post left knee total knee replacement surgery from 2009 with continued pain. The current request is for Left Knee Exercise Kit. The treating physician is currently requesting another left knee surgery and states, "Together with the request for surgery, I am also requesting authorization for a preoperative medical clearance, postoperative physical therapy 2 times per week for 6 weeks, a cold therapy unit, a CPM unit, crutches, a knee exercise kit, and a knee brace." (42B) It is not clear if the surgery and other requests were authorized. The ODG guidelines under Home exercise kits state, "Recommended as an option. See Exercise, where home exercise programs are recommended." The ODG guidelines also recommended that exercise should be monitored by a medical professional. The current request for "exercise kit" for the left knee but does not delineate what is included in the kit. Without knowing what the kit is for, one cannot make a recommendation regarding its appropriateness based on the guidelines. The treating physician does not provide any discussion what exercises are to be performed and what kind of monitoring will be done. The current request is not medically necessary and the recommendation is for denial.