

<b>Case Number:</b>	CM15-0211645		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	03/14/2008
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Texas, 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 64 year old male who sustained an industrial injury on 3-14-08. A review of the medical records indicates he is undergoing treatment for degenerative joint disease and osteoarthritis of the knee. Medical records (9-22-15) indicate complaints of pain of the right knee, which increases with activities of daily living. The provider indicates "awaiting aquatic therapy approval" and that the injured worker "will benefit from aqua instead of land therapy". The provider indicates that the injured worker has pain and increased tenderness with activity of daily living. Treatment has included physical therapy and Aquatic therapy. The patient's surgical history include right TKR on 9/24/14; ORIF of left ankle in 2008. The medication list includes Ambien, Ultram, and Omeprazole. Per the PT evaluation note dated 10/20/2015 the patient had complaints of pain in the right lower extremity. Physical examination of the right lower extremity revealed ambulates with SPC (single point cane), tenderness on palpation, limited range of motion, Per the note dated 8/11/15 the patient had complaints of pain in right knee, low back and hip. Physical examination of the right knee on 6/18/15 revealed crepitus ambulates with a cane, 2-4/10 pain, mild limited range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home program exercise kit: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 6/10/14) Gym memberships.

**Decision rationale:** As per the cited guidelines "Sophisticated rehabilitation programs involving equipment should be reserved for significant knee problems as an alternative to surgery or for postoperative rehabilitation". Per the cited guidelines "While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered". Contraindication to a simple home exercise program without specialized equipment is not specified in the records provided. The rationale for the need of specialized equipment is not specified in the records provided. The patient had received an unspecified number of the PT visits for this injury. The detailed response to previous conservative therapy was not specified in the records provided. The request for Home program exercise kit is not medically necessary or fully established in this patient.