

Case Number:	CM15-0212461		
Date Assigned:	11/02/2015	Date of Injury:	08/23/2013
Decision Date:	12/23/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/28/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 male, who sustained an industrial injury on 8-23-2013. The medical records indicate that the injured worker is undergoing treatment for status post right knee arthroscopy, medial meniscus tear of the knee, and chondromalacia patellae. According to the progress report dated 9-30-2015, the injured worker presented with complaints of constant right knee pain, associated with locking, cracking, and giving way. On a subjective pain scale, he rates his pain 6 out of 10 with medications and 7 out of 10 without. The physical examination of the right knee reveals tenderness over the patellofemoral, painful range of motion, weakness in the right quads, and positive patella compression test. The current medications are not specified. Previous diagnostic studies include x-rays and MRI scan of the right knee. Treatments to date include medication management, physical therapy, home exercises, and surgical intervention. Work status is described as temporarily totally disabled. The original utilization review (10-7-2015) had non-certified a request for home exercise kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise Kit: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Home exercise kits; Exercise; Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, leg; home exercise kits.

Decision rationale: Regarding the request for Home Exercise Kit, Occupational Medicine Practice Guidelines support the use of aerobic activity to avoid deconditioning. ODG states that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Guidelines do not support the need for additional exercise equipment, unless there is documentation of failure of an independent exercise program without equipment, despite physician oversight and modification. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment. Additionally, there is no statement indicating how the requested exercise equipment will improve the patient's ability to perform a home exercise program, or that the patient has been instructed in the appropriate use of such equipment to decrease the chance of further injury. In the absence of such documentation, the currently requested Home Exercise Kit is not medically necessary.