

<b>Case Number:</b>	CM15-0037735		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	02/18/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 29 year old female with an industrial injury dated 02/18/2013. She presents on 11/19/2014 for low back and right knee pain. She continued to have tenderness along lumbar spine and knee. Prior treatment included right knee arthroscopic decompression surgery, home exercise program, physical therapy and medications. Diagnoses: Carpal Tunnel Release; right wrist; Knee surgery; left knee 03/07/2014; Low back pain; Knee pain; Displacement of lumbar intervertebral disc without myelopathy; Fibromyositis; Chronic pain syndrome. The provider requested cho pat knee strap, Swiss ball and inversion table as listed below. On 01/28/2015 the following request were non-certified by utilization review: Swiss ball, lumbar/right knee; Inversion table, lumbar/right knee and Cho-Pat knee strap, right knee MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Swiss ball, lumbar/right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 46-47.

**Decision rationale:** Per the guidelines, there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. In the case of this injured worker, physical therapy has already been used as a modality and a self-directed home exercise program should already be in place. There is no medical justification in the records for a Swiss ball, lumbar/right knee as a particular mode of exercise over the exercises that the worker has been taught as part of her home exercise program. The records do not support the medical necessity for a Swiss ball, lumbar/right knee.

**Inversion table, lumbar/right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346, Chronic Pain Treatment Guidelines Exercise Page(s): 46, 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 46-47.

**Decision rationale:** Per the guidelines, there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. In the case of this injured worker, physical therapy has already been used as a modality and a self-directed home exercise program should already be in place. There is no medical justification in the records for an inversion table, lumbar/right knee as a particular mode of exercise over the exercises that the worker has been taught as part of her home exercise program. The records do not support the medical necessity for an inversion table, lumbar/right knee.

**Cho-Pat knee strap, right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346, Chronic Pain Treatment Guidelines Exercise Page(s): 46, 47.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340-359.

**Decision rationale:** Per the ACOEM, a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. In this injured worker with chronic knee pain,

the records do not substantiate that she has patellar or MCL instability or ACL tear. The medical necessity of a Cho-Pat knee strap, right knee is not substantiated.