MAXIMUS Federal Services

| Case Number: | CM15-0040964 | | |
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| Date Assigned: | 03/11/2015 | Date of Injury: | 08/23/2013 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 02/04/2015 |
| Priority: | Standard | Application Received: | 03/04/2015 |

## 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
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 is a 57 year old female, who sustained an industrial injury on 6/23/2013. She reported a fall with injuries to her back and bilateral knees. The injured worker was diagnosed as having lumbar degenerative disc disease, left knee strain/sprain, and status post right knee arthroscopy. Treatment to date has included surgical (10/28/2014 right knee arthroscopic meniscectomy and debridement) and conservative measures, including medications, chiropractic, acupuncture, and physical therapy. Currently, the injured worker complains of weakness and instability in the right knee. Left knee pain was rated 3/10 and low back pain was 6/10. Gait was antalgic with a cane. Objective findings of the bilateral knees/lumbar spine were not noted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment (DME) home exercise kit for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Exercise equipment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** The patient is a 57 year old female, who sustained an industrial injury on 6/23/2013. The current request is for DURABLE MEDICAL EQUIPMENT DME HOME EXERCISE KIT FOR THE LUMBAR SPINE. ACOEM, MTUS, and ODG Guidelines do not discuss home exercise kits for the lumbar spine. ACOEM Guidelines page 309 under low back chapter recommends, "Low stress aerobic exercise." ACOEM further states, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise." Treatment to date has included surgical dating 10/28/2014 for right knee arthroscopic meniscectomy and debridement, and conservative measures, including medications, chiropractic, acupuncture, and physical therapy. Although exercise is recommended, it is unclear as to what the "home exercise kit" encompasses. Without knowing what the "kit" details, one cannot make a recommendation regarding its appropriateness based on the guidelines. There is no discussion regarding what exercises are to be performed and what kind of monitoring will be done. This request IS NOT medically necessary.

**Durable Medical Equipment (DME) home exercise kit for the knees:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home exercise.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter on exercise& Home Exercise kits.

**Decision rationale:** The patient presents with right knee pain. The patient is status post right knee arthroscopy from 10/28/2014. The physician is requesting a DURABLE MEDICAL EQUIPMENT (DME) HOME EXERCISE KIT FOR THE KNEES. The RFA dated 01/26/2015 shows a request for durable medical equipment home exercise kit eval x1 for knee. The patient's date of injury is from 08/23/2013 and she is currently temporarily totally disabled. The MTUS and ACOEM Guidelines do not address this request. However, the ODG Guidelines under the Knee and Leg chapter on exercise states, "Recommended as indicated below. Recommend strengthening the lateral hamstring muscles and hip abductor muscles for OA. Therapeutic exercises are beneficial for knee osteoarthritis. Both aerobic walking and home-based quadriceps strengthening exercise reduce knee pain and disability, but no difference between them was found. Knee injuries can be reduced by 50 percent after a rigorous warm-up routine." ODG under Home Exercise kits states, "Recommended as an option. See Exercise, where home exercise programs are recommended; & Physical medicine treatment, where active self-directed home physical therapy is recommended." The 12/24/2014 progress report shows that the patient is attending physical therapy and it is helping her but she still has residual pain aggravated with squatting and bending. Most of the pain occurs during the course of the day with occasional pain at night. There is moderate quadriceps weakness. The records show that the patient has received some 17 visits of postoperative physical therapy. The physician states that the kit includes an air pillow, water weight bag, exercise band, and a travel bag. In this case, the ODG Guidelines

recommend home exercise kit as an option and ODG further on exercise states that therapeutic exercises are beneficial for knee osteoarthritis. Both aerobic walking and home-based quadriceps strengthening exercise reduced the pain and disability but no difference between them was found. Given the support from the ODG Guidelines, the request IS medically necessary.