

Case Number:	CM14-0132307		
Date Assigned:	09/26/2014	Date of Injury:	04/20/2011
Decision Date:	12/30/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/19/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 32 year old female with an injury date of 04/20/11. Based on the 03/13/13 progress report provided by treating physician, the patient complains of left knee pain. Physical examination to the left knee revealed +3 tenderness to palpation to the medial knee. Range of motion was 0/0 extension and 140/140 flexion. Per physical therapy note dated 03/24/14, patient has been recommended to start post op PT for the left knee 2x/wk for 4 wks. Diagnosis 03/13/13- thoracic sprain/strain- lumbar sprain/strain- left knee internal derangement- left knee sprain/strain- status post surgery, left knee The utilization review determination being challenged is dated 07/25/14. Treatment reports were provided from 02/11/14 - 06/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise kit for left knee: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee chapter, under exercise kit

Decision rationale: The patient presents with left knee pain. The request is for home exercise kit for left knee. The patient is status post left knee surgery, date unspecified. Patient's diagnosis dated 03/13/13 included left knee internal derangement and sprain/strain. Per physical therapy note dated 03/24/14, patient has been recommended to start post op PT for the left knee 2x/week for 4 weeks. ODG guidelines, Knee chapter, under exercise kit: "Recommended as an option. See Exercise, where home exercise programs are recommended; & Physical medicine treatment, where active self-directed home physical therapy is recommended." Given the support from ODG guidelines, recommendation is medically necessary.