

Case Number:	CM14-0158786		
Date Assigned:	10/02/2014	Date of Injury:	09/14/2013
Decision Date:	10/28/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/29/2014

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 Orthopaedic Surgery 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:

This 45-year-old female sustained an industrial injury on 9/14/13. The patient reported a sudden sharp onset of left knee pain getting out of a shuttle while working. The 11/25/13 left knee MRI demonstrated a vertical tear of the medial meniscus with extrusion, grade 1 medial collateral ligament sprain, and medial femoral condyle and patellar chondromalacia. She underwent left knee manipulation under anesthesia, arthroscopic partial medial meniscectomy, chondroplasty of the medial femoral condyle and patella, and limited synovectomy on 1/17/14. The patient attended post-operative physical therapy and was instructed in a home exercise program. A retrospective request for home knee exercise kit and crutches was submitted. The 9/9/14 utilization review denied the retrospective request for purchase of a home knee exercise kit as the medical necessity of the home exercise kit was not established. The retrospective request for crutches was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for purchase of home knee exercise kit status post left knee surgery, date of service 01/17/2014, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: The California MTUS supports the use of exercise for patients in the post-operative period. Exercise programs are reported superior to treatment programs that do not include exercise. Guidelines state that there is no sufficient evidence to support the recommendation of any particular exercise regime over any other exercise regime. Guideline criteria have not been met. There is no compelling reason to support the medical necessity of a pre-packaged generic knee exercise kit over an individualized home exercise program designed by the patient's physical therapist. Therefore, this request is not medically necessary.