

Case Number:	CM14-0160592		
Date Assigned:	10/06/2014	Date of Injury:	02/24/2011
Decision Date:	11/06/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/30/2014

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 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 injured worker is a 54-year-old male who sustained an injury on 02/14/11. As per the report of 09/03/14, he complained of increased swelling of his right lower extremity. He reported to have no pain. He was still ambulating with physical therapy. On 05/20/14, he complained of right knee pain rated at 8/10. He reported clicking, popping, locking and giving way of the knees. On exam, right knee revealed patellofemoral crepitus. Pain and spasm was noted on flexion and extension. McMurray test was positive. UDS dated 08/22/14 detected hydrocodone, hydromorphone, and cyclobenzaprine. Report of 03/07/14 noted that x-rays of bilateral knees revealed mild to moderate degenerative joint disease and x-rays of lumbar spine revealed anterior spondylosis of the anterior vertebral bodies with spondylolisthesis of L3 and L4. Venous Doppler of bilateral lower extremities dated 09/03/14 was normal. He underwent right shoulder rotator cuff repair, left knee arthroscopy on 10/24/13 and right knee arthroscopy on 01/16/13. He recently underwent right total knee arthroplasty on 08/29/14. Current medications include Lovenox, senna, Colace, Protonix, Norco, and patient-controlled anesthesia. He is allergic to penicillin. Report of 08/29/14 indicated that with chronic opioid usage, he frequently had difficulty after orthopedic joint replacement surgery. Past treatments have included PT, topical creams, and pain medications. Diagnoses include low back syndrome, sciatic neuritis, bilateral knee osteoarthritis/degenerative joint disease, bilateral knee medial meniscus complex tear, status post left and right knee arthroscopic meniscectomy, status post right total knee arthroplasty, and bilateral knee tricompartmental osteoarthritis. The request for Optimum home rehab kit for the right knee was denied on 09/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Optimum Home Rehab Kit for the right knee: 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) Treatment in Workers Comp 18th edition, 2013 Updates, Knee and Leg Chapter - DME, Home Exercise Kits

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

Decision rationale: Per guidelines, home exercise kits are recommended as an option. In this case, the records indicate that the IW has had unknown numbers of PT. At this juncture, this IW should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Furthermore, there is no description of the exercise equipment. There is no mention of any instruction as well as the type and frequency of exercise in the medical records. There is no explanation as to why the injured worker would need such exercise kit versus simple isometric or isotonic exercise as the standard home exercise program, requiring no equipment. Therefore, the medical necessity of the requested exercise kit cannot be established based on the submitted records.