

<b>Case Number:</b>	CM14-0161972		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	10/25/2011
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts 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 claimant has a history of a work injury occurring on 10/25/11 while working as a truck driver and continues to be treated for chronic neck and shoulder pain. He was seen 06/18/14 and was having neck, left shoulder, left elbow, left knee, and back pain. He was having popping of the right shoulder without pain. Physical examination findings included right paraspinal and trapezius muscle tenderness with anterior shoulder tenderness. He had decreased cervical spine and left shoulder range of motion. There was positive left shoulder impingement testing. There was decreased lumbar spine range of motion with positive left straight leg raising and positive Lasegue's test. He had decreased left lower extremity sensation. There was left knee tenderness with decreased range of motion. Recommendations included left shoulder arthroscopy with rotator cuff repair. He was not taking any medications. Authorization for chiropractic treatment two times per week for four weeks was requested. On 07/29/14 he was having ongoing symptoms. Imaging results were reviewed showing multilevel cervical and multilevel lumbar spine disc bulging with mild canal stenosis. An MRI of the left knee had shown a possible ACL (anterior cruciate ligament) tear and osteoarthritis. On 09/02/14 he was having increasing left knee pain with locking and popping. He was having ongoing low back pain radiating into the left lower extremity with numbness. He was having bilateral ankle pain. He had not returned to work. Recommendations included consideration of left knee arthroscopic surgery. Authorization for a postoperative knee brace, cooling unit with compression, and a home exercise kit (contents not specified) was requested. Physical therapy two times per week for four weeks including home therapy was also requested. He was continued at permanent and stationary status and was not working. On 10/07/14 he was having neck pain which had increased after one session of

chiropractic treatment. Left knee arthroscopic surgery was pending. Neurontin 300 mg was increased to two times per day.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Home exercise kit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The claimant is four years status post work-related injury and continues to be treated for neck, left shoulder, left elbow, left knee, and back pain. Arthroscopic left knee surgery has been recommended with post-operative requests that include a home exercise kit (contents not specified). Post surgical treatment after the planned knee arthroscopy includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. Compliance with a home exercise program would be expected would not require specialized equipment. Therefore the requested home exercise kit (contents not specified) is not medically necessary.