

Case Number:	CM15-0008918		
Date Assigned:	01/26/2015	Date of Injury:	02/01/2012
Decision Date:	03/24/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/15/2015

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, Arizona

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 51-year-old female who reported an injury on 01/20/2001. On 12/09/2014, she presented for a followup evaluation. It was noted that she had been authorized for viscosupplementation with 1 Synvisc One injection to the right knee. It was noted that in the past she had undergone arthroscopic surgery of the right knee and also reportedly had left knee chondromalacia. A physical examination of the right knee showed skin a neurovascular examination were intact and joint line tenderness was noted medially and laterally. At the office visit, she underwent a Synvisc One injection and tolerated the procedure well. The treatment plan was for strengthening exercises with an athletic trainer at [REDACTED]. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Strengthening Exercises With Athletic Trainer @ [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Treatment Guidelines, Exercise Programs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise.

Page(s): 46-47.

Decision rationale: The California MTUS Guidelines recommend exercise and state that there is strong evidence that exercise programs are superior to treatment programs that do not include exercise. However, it is also stated that there is no sufficient evidence to recommend any particular exercise regimen over another exercise regimen. There was a lack of documentation stating a clear rationale for the medical necessity of an athletic trainer at [REDACTED] rather than the injured worker performing home exercise programs. Also, the duration of treatment was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.