

<b>Case Number:</b>	CM15-0024144		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	11/28/2005
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 64 year old male, who sustained an industrial injury on November 28, 2005. The mechanism of injury was not provided. The injured worker has been treated for back, knee and ankle complaints. The diagnoses have included lumbar spondylosis without myelopathy, right knee sprain, right knee medial meniscus tear, post-traumatic osteoarthritis right ankle, tear of the anterior talofibular ligament of the right ankle, chronic sprain right ankle, chronic right knee pain and chronic lumbar spine sprain. No prior treatments were provided in the medical records. Current documentation dated December 9, 2014 notes that the injured worker reported sharp right knee pain rated a four out of ten on the visual analogue scale. The injured worker also noted constant pain in the right ankle rated an eight out of ten on the visual analogue scale. Examination of the right knee revealed tenderness to palpation, crepitation and swelling. No increased heat, atrophy or effusion was noted. Range of motion of the bilateral knees was noted to be decreased. Examination of the right ankle revealed the ankle/ foot to be diffusely swollen and tender. Range of motion was painful and decreased. The treating physician's plan of care included a request for an exercise kit for the right knee and ankle to include: 1 yoga mat, twist wheel, foot massager, balance disk, 2 tone cuffs, blaster pump and optimum foot and ankle active guide.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exercise kit for the right knee and ankle to include: 1 yoga mat, twist wheel, foot massager, balance disk, 2 tone cuffs, blaster pump and optimum foot and ankle active guide:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC Knee Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, exercise kit.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG does not recommend specific exercise kits as it does not support or recommend one form of exercise over another due to lack of superiority. While exercise is recommended as treatment for chronic pain, a specific exercise kit is not supported per the ODG and the request is not medically necessary.