

<b>Case Number:</b>	CM13-0017010		
<b>Date Assigned:</b>	04/02/2014	<b>Date of Injury:</b>	03/26/2012
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 underlying date of injury in this case is 03/26/2012. The patient's diagnoses include right quadriceps tear/patellar tendon tear, left knee patellofemoral arthritis due to altered gait, and cervical sprain/strain with degenerative changes. The patient is status post right open knee surgery on 07/06/2012. A PR-2 report of 07/10/2013 discusses the patient's ongoing bilateral shoulder pain and notes the patient works as a grounds maintenance mechanic. The patient reported difficulty with some activities of daily living such as getting dressed. The treatment plan included diagnostic ultrasound of the upper extremities and continues working with restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RESISTANCE CHAIR EXERCISE AND REHABILITATION SYSTEM WITH EXERCISE CYCLE-SMOOTH RIDER: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EXERCISE Page(s): 46-47.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, section on exercise, states that there is not sufficient evidence to support the recommendation of one particular exercise regimen over any other regimen. The medical records do not provide a rationale at this time regarding the particular type of exercise equipment which is being requested at this time. Neither the medical records nor the guidelines provide a basis or rationale to support an indication or medical necessity of this particular equipment. This request is not medically necessary.