

Case Number:	CM13-0030768		
Date Assigned:	04/25/2014	Date of Injury:	05/29/2012
Decision Date:	06/10/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/30/2013

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 & Rehabilitation has a subspecialty in Interventional Spine 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 patient reported an injury date of 05/29/12. Based on the 08/21/13 progress report provided by [REDACTED], the patient complains of knee joint pain on the left in the medial and lateral aspect. There is also knee joint stiffness on the left medially and laterally. Regarding the left knee, there was tenderness on palpation and anteromedial/anterolateral aspect was tender on palpation. The patient is diagnosed with a sprained left knee. [REDACTED] is requesting for a stationary bike (rental or purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

STATIONARY BIKE (RENTAL OR PURCHASE): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) DURABLE MEDICAL EQUIPMENT.

Decision rationale: According to the 08/21/13 report by [REDACTED], the patient presents with a sprained left knee but the MRI report indicates tear of meniscus, severe osteoarthritis of multi-

compartment, chondromalacia and edema. The request is for a stationary bike (rental or purchase). Stationary bike is an exercise equipment. ODG guidelines states that exercise equipments are not considered primarily medical in nature. ODG then refers to durable medical equipment which require that the equipment have primary medical purpose. ODG also does not consider one exercise superior to another. While a stationary bike is a good way to exercise this patient's knee, it is not superior to other methods of exercise that can be accomplished without a stationary bike. The request for stationary bike (renal or purchase) is not medically necessary and appropriate.