

<b>Case Number:</b>	CM13-0038948		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	09/09/1999
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Fellowship trained in Neuro-Oncology and is licensed to practice in Massachusetts, Ohio, and Texas. 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 physician 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 is a 70-year-old male who reported an injury on 09/09/1999. The patient is currently diagnosed with neck pain with cervical radiculopathy and multilevel degenerative disc disease, low back pain, myofascial syndrome, and right shoulder pain. The patient was seen by [REDACTED] on 11/27/2013. Physical examination revealed moderately limited cervical range of motion, tenderness to palpation in the facet joints, positive Spurling's maneuver, normal motor strength in the bilateral upper extremities, decreased sensation over the C6 and C7 dermatomes, limited range of motion with tenderness to palpation of the right shoulder, limited lumbar range of motion, tenderness to palpation, positive straight leg raising on the left, and diminished strength and sensation over the L4 and L5 dermatomes. Treatment recommendations included continuation of current medication, and a course of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 stationary bike:** 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) Knee & Leg Chapter, Durable Medical Equipment

**Decision rationale:** Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Durable medical equipment is defined as equipment which can withstand normal use, could normally be rented, is used by successive patients, and is primarily and customarily used to serve a medical purpose. It is generally not useful to a person in the absence of illness or injury and should be appropriate for use in the patient's home. As per the clinical notes submitted, a stationary bike was recommended by the physical therapist on 08/26/2013 secondary to the patient's lower back symptoms. There is no clear rationale provided for a stationary bike. The patient's injury was greater than 14 years ago to date, and given the extensive amount of physical therapy completed in the past, the patient should be well versed and independent in a home exercise program. There is no documentation of a treatment plan with specific short and long-term goals with the durable medical equipment. Based on the clinical information received, the medical necessity has not been established. As such, the request is non-certified.