MAXIMUS Federal Services

Case Number:	CM13-0043877		
Date Assigned:	12/27/2013	Date of Injury:	08/01/1994
Decision Date:	05/02/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/31/2013

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 Family Practice, 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 is a 61-year-old who reported an injury on August 1, 1994. The mechanism of injury is not provided in the medical records for review. Intra-operative x-ray of the right knee performed on September 25, 2013 revealed total right knee arthroplasty. Surgical history includes right total knee arthroplasty and September 25, 2013, manipulation under general anesthesia with fluoroscopic assistance. Per the Workers' Compensation report dated October 1, 2013, the patient is status post manipulation of right total knee arthroplasty on September 25, 2013 for a diagnosis of arthrofibrosis. The patient reported her knee hurt but the patient felt as though a lot of motion had been gained. Upon physical exam, the patient had 0-95 degrees active range of motion and 0-97 degrees passive range of motion. The patient continued to have a grade II effusion. It was unclear within the provided documentation if the patient attended physical therapy post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

STATIONARY BICYCLE FOR HOME THERAPY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Official Disability Guidelines states generally if there is a medical need and that the device or system meets Medicare's definition of durable medical equipment. The guidelines note the term durable medical equipment is defined as equipment which can withstand repeated use, could normally be rented, and it to be used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in a patient's home. Within the provided documentation, the patient's treatment course post-operatively, including physical therapy, was not indicated. . Per the Workers' Compensation report dated October 1, 2013, the patient is status post manipulation of right total knee arthroplasty on September 25, 2013 for a diagnosis of arthrofibrosis. The patient reported her knee hurt but she felt as though she had gained a lot of motion. The patient continued to have a grade II effusion. The requesting physician's rationale for the request was unclear within the provided documentation. The request for a stationary bicycle for home therapy is not medically necessary or appropriate.