

Case Number:	CM13-0044011		
Date Assigned:	12/27/2013	Date of Injury:	02/16/2012
Decision Date:	02/19/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/25/2013

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 Orthopedic Surgery, and is licensed to practice in 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 63-year-old female who reported an injury on 02/16/2012. The mechanism of injury was not provided. The PR2s provided for review were illegible. The patient's diagnosis was noted to be a tear of the medial cartilage or meniscus of the knee per the application for Independent Medical Review. The request was made for a Resistance chair exercise and rehabilitation system with exercise cycle-SmoothRider II.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Resistance Chair Exercise and Rehabilitation System with Exercise Cycle--Smooth Rider II: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines - Exercise..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg Chapter, Exercise Equipment.

Decision rationale: The Official Disability Guidelines do not recommend exercise equipment as it is not considered primarily medical in nature. There was a lack of legible documentation to support the request. Given the lack of documentation of exceptional factors to warrant non-

adherence to Guideline recommendations, the request for resistance chair exercise and rehabilitation system with exercise cycle-SmoothRider II is not medically necessary.