

<b>Case Number:</b>	CM13-0053382		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/16/2010
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Pain Medicine and 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 is a 51-year-old male with date of injury of 2/16/2010. The treating physician report dated 10/30/13 indicates that the patient presents with pain affecting bilateral knees with pain, popping, crunching, and grinding in his right knee with compensatory left knee pain, popping and catching. The current diagnoses are: 1.Chondromalacia of the right knee status post knee arthroscopy with anterior cruciate ligament reconstruction, chondroplasty and meniscectomy; and second knee arthroscopy with lysis of adhesions, chondroplasty and meniscectomy, 2.Left knee medial meniscus tear, 3.Lower back pain. The utilization review report dated 11/8/13, denied the request for the purchase of an exercise bike for right knee based on the rationale that this DME (durable medical equipment) is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of an exercise bike for the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Exercise Equipment, DME (Durable Medical Equipment).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines, Knee Chapter online for DME:

**Decision rationale:** The patient presents with chronic right knee pain status post (s/p) two surgeries with compensatory left knee pain. The current request is for the purchase of an exercise bike for the right knee. The treating physician report dated 10/30/13 states, "I recommended the patient to get an exercise bike. He has been given a prescription for this today, so he can help to strengthen his right leg." The exam findings on 10/30/13 state, "Wounds are healed well without any sign of infection. There is an effusion present. Quadriceps atrophy is also present. Range of motion is 5 degrees of extension to 120 degrees of flexion with both pain and crepitus." The Official Disability Guidelines state for exercise equipment, "Exercise equipment is considered not primarily medical in nature." While this patient may require strengthening of the affected quadriceps, the guidelines support DME (durable medical equipment) that is primarily and customarily used to serve a medical purpose and generally is not useful to a person in the absence of illness or injury. The current request is not supported by the guidelines. Recommendation is for denial.