

Case Number:	CM13-0070983		
Date Assigned:	01/08/2014	Date of Injury:	02/10/2000
Decision Date:	06/16/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 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 injured worker is a 81 year old female who reported an injury on 02/10/2000. The most recent clinical note dated 08/02/2013 documented the injured worker had flare ups of knee pain. The pain was rated at 6.5 without pain medication and 5 with pain medication. The diagnosis of localized primary osteoarthritis was noted and refills for Norco were provided. The injured worker was instructed to continue with use of a knee brace for walking.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: EXERCISE PEDDLER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Exercise Page(s): 46-47.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends exercise. However, MTUS Chronic Pain Guidelines state there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The injured worker has chronic knee pain and a diagnosis of osteoarthritis. The documentation submitted for review lacks evidence of functional deficits. In addition, there is no rationale why

the injured worker would require an exercise peddler to perform a home exercise program. As such, the request for an exercise peddler is not medically necessary and appropriate.