

Case Number:	CM13-0072076		
Date Assigned:	01/17/2014	Date of Injury:	05/26/2010
Decision Date:	04/29/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 57 year-old female with an injury date on 05/26/10. Based on the 12/02/13 progress report provided by [REDACTED] the patient's diagnosis include lateral meniscus tear of the right knee, degenerative arthritis of the right knee, quadriceps atrophy secondary to #1 and #2, right shoulder rotator cuff tear, and compression fracture of the lumbar spine. [REDACTED]. [REDACTED] is requesting a stationary bike for home exercise for the right knee. The utilization review determination being challenged is dated 12/09/13 and recommends denial of the stationary bike. [REDACTED] is the requesting provider, and he provided treatment reports from 04/30/13- 12/02/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stationary bike for home exercise, right knee: Upheld

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

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

Decision rationale: In this case, a stationary bike is not primarily and customarily used to serve a medical purpose and is something that is typically useful in anyone requiring exercises or leisure activities even in the absence of illness or injury. There is no support for a stationary bike as a medical treatment. Furthermore, discussions regarding exercise in MTUS guidelines do not indicate that one type of exercise is superior to another. Recommendation is for denial.