

Case Number:	CM14-0000056		
Date Assigned:	05/07/2014	Date of Injury:	01/10/1984
Decision Date:	07/09/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/31/2013

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 Physical Medicine & Rehabilitation 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 has submitted a claim for disc bulge of the cervical spine, right shoulder rotator cuff injury and lumbar disc protrusion associated with an industrial injury date of January 10, 1984. Treatment to date has included oral and topical analgesics, lumbar support, lumbar medial branch blocks, home exercise program, right shoulder cortisone injection, and physical therapy. Medical records from 2013 were reviewed and showed neck, right shoulder and back pain. Physical examination showed tenderness and spasm of the cervical and lumbar spine; limitation of motion of the cervical and lumbar spine and right shoulder with pain; and positive Neer sign and Hawkin's test. The patient was diagnosed with disc bulge of the cervical spine, right shoulder rotator cuff injury and lumbar disc protrusion. The primary treating physician requests for a light weight riding bicycle for home use, citing that physical methods should be added when treatment response to oral medications is inadequate.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIGHT WEIGHT BIKE FOR HOME USE ([REDACTED]): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EXERCISE.

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

Decision rationale: The CA MTUS does not directly address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) Knee & Leg Chapter was used instead. ODG states that DME is recommended generally if there is a medical need. A durable medical equipment (DME) is defined as a device that can withstand repeated use, 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. In this case, a light weight bike for home use was requested due to inadequate response to oral pain medications. However, exercise equipment is considered not primarily medical in nature based on the guideline. The medical necessity of the request has not been established. Therefore, the request for a light weight bike for home use is not medically necessary.