

Case Number:	CM14-0005347		
Date Assigned:	01/24/2014	Date of Injury:	09/19/2007
Decision Date:	06/09/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/15/2014

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 Family Practice 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 55 year old female who sustained a work injury on 9/19/07 involving the left knee. She underwent left knee arthroscopy for chondroplasty of the femoral condyle and patella on 7/8/13. She had undergone therapy after the surgery but had persistent pain. An exam note on 12/17/13 indicated she had mild atrophy and synovitis of the left knee. The treating orthopedic surgeon requested a home exercise bicycle.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A HOME EXERCISE CYCLE MACHINE: 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): Durable Medical Equipment (DME).

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

Decision rationale: The MTUS and ACOEM guidelines do not comment on an exercise bike. According to the ODG guidelines, exercise equipment is not considered primarily medical nature. In addition, there is no mention of possible prior use of a bicycle with therapy and its clinical response. There is no indication for the need to purchase a bicycle versus renting or

using one at a gym or through a therapy program. The request for purchase of an exercise bicycle is not medically necessary.