MAXIMUS Federal Services

Case Number:	CM14-0100378		
Date Assigned:	07/30/2014	Date of Injury:	04/30/1963
Decision Date:	09/19/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and 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 injured worker is a 75-year-old male who reported an injury on 04/30/1963. The diagnoses were not provided for clinical review. Previous treatments were not provided for clinical review. The mechanism of injury was not provided for clinical review. Within the clinical note submitted on 04/08/2014, the injured worker returned to the office for a 6 month follow-up. Upon the physical examination the provider noted the injured worker had no tenderness of the abdomen, an irregular S1 and S2 heartbeat. Within the note dated 04/23/2014, it was reported the provider requested the injured worker to continue with cardiac rehabilitation using a recumbent bicycle for 30 minutes. The request submitted is for 1 Life Fitness new club recumbent bike. However, the Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LIFE FITNESS NEW CLUB RECUMBENT BIKE (DOS: 3/25/2014): Upheld

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

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

Decision rationale: The request for 1 Life Fitness new club recumbent bike date of service 03/25/2014, is not medically necessary. The California MTUS Guidelines recommend exercise. There is strong evidence that exercise programs, including aerobic condition and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support recommendations of any particular exercise regimen over other exercise regimens. A therapeutic exercise program should be initiated at the start of any treatment of rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence and the importance of ongoing exercise regimen. The provider failed to documentation an adequate and complete pain assessment within the clinical documentation submitted. The request submitted failed to indicate whether the provider requested the bike for rental or purchase. There is lack of documentation indicating the efficacy of injured worker's prior use of the recumbent bike. Therefore, the request is not medically necessary.