

Case Number:	CM14-0107982		
Date Assigned:	09/24/2014	Date of Injury:	03/01/2005
Decision Date:	10/24/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/11/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 67 year old female with date of injury of 3/1/2005. A review of the medical records indicate that the patient is undergoing treatment for bilateral knee osteoarthritis, strain, and chondromalacia. Subjective complaints include bilateral knee pain. Objective findings include decreased range of motion of bilateral knees, pain upon palpation of bilateral knees; impaired gait. Treatment has included left knee medial and lateral meniscusectomy, bilateral arthroscopy of knees, knee brace, knee Bionicare stimulator, aquatic therapy, and physical therapy. The utilization review dated 6/10/2014 non-certified an exercise resistance chair and cycle smooth rider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resistance Chair, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Page(s): 1. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10; CMS Medicare Benefit Policy Manual Chapter 15, Section 10.1

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

Decision rationale: MTUS is silent on the resistance chair. The ODG indicates exercise equipment is considered not primarily medical in nature, but durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare definition of durable medical equipment. The medical records submitted do not indicate how the employee would benefit from a resistance chair over some other type of self-directed home exercise. A resistance chair does not meet the definition of durable medical equipment. Therefore, the request for a resistance chair is not medically necessary.

Smooth Rider, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Page(s): 1. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10; CMS Medicare Benefit Policy Manual Chapter 15, Section 10.1

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

Decision rationale: MTUS is silent on the smooth rider. The ODG indicates exercise equipment is considered not primarily medical in nature, but durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare definition of durable medical equipment. The medical records submitted do not indicate how the employee would benefit from a smooth rider over some other type of self-directed home exercise. A smooth rider does not meet the definition of durable medical equipment. Therefore, the request for a resistance chair is not medically necessary.