

Case Number:	CM14-0017028		
Date Assigned:	03/07/2014	Date of Injury:	04/09/2004
Decision Date:	04/15/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/10/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine 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:

63y/o male injured worker with date of injury 4/9/04. He was diagnosed with bilateral knee arthritis; degenerative joint disease; left knee sprain; right ankle sprain; right tibial talar degenerative changes; and a right shoulder sprain. Treatment to date has included multiple right knee arthroscopic surgeries, left knee arthroscopic surgery, medication, and multiple Synvisc injections. The date of UR decision was 1/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) STATIONARY BIKE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Labor Code

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.dir.ca.gov/t8/9792_6.html

Decision rationale: The UR physician stated "The requested stationary bike is not a medical service for the cure or relief of an industrial injury, and is therefore not within the scope of utilization review as described within LC4610 and 8CCR9792 et seq. Because this service is not within the scope of utilization review, and because 8CCR9792.6 defines authorization as an assurance of reimbursement, this item must be non-certified. This outcome is purely procedural,

and is not intended and should not be interpreted as a valid opinion regarding whether this service was or was not necessary; and is or is not compensable. These questions are outside the scope of utilization review, and the necessity of this service is properly left to the claims administrator." Per citation above, I concur that a stationary bike is not a medical service. Upon review of the submitted documentation, I could not find any compelling reason for a stationary bike in the home, such as a medical condition that prevents other forms of exercise. As such, the request is not medically necessary.