

<b>Case Number:</b>	CM14-0113119		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/22/2003
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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:

he patient is a 63 year old male with an injury date of 08/22/03. Per the 06/10/14 report by ■■■■■ the patient presents with chronic left ankle pain, knee pain, swelling of the left side of the neck post left carotid endarterectomy (02/07/14), tooth pain the patient believes to be due to the endarterectomy due to fractured teeth, trauma to the mouth and jaw discomfort. Examination of the head and neck reveals tenderness at the left temporomandibular joint with left-sided tongue deviation and a right facial droop. Examination further reveals slightly positive impingement signs in the left shoulder and positive impingement in the right shoulder. The patient has diffuse tenderness about the left knee with a sensitive cyst noted overlying the proximal tibiofibular joint for the left lower extremity. The patient also has diffuse tenderness to palpation about the left ankle and foot. The patient's diagnoses include: 1. Chronic pain syndrome of the left ankle 2. Left ankle internal derangement, status post multiple surgeries 3. Pain related insomnia 4. Pain related depression 5. Prior history of brain injury with short term memory deficits 6. Left knee internal derangement, status post graft harvest with wound infection, status post arthroscopic surgery. Current medications are listed as Norco, Trazodone, Ambien and Diazepam. The utilization review being challenged is dated 06/26/14. The rationale is that Guides do not recommend any specific equipment for a home exercise program, no evidence based guidelines are cited that support the use of a bicycle to improve psychological status, and guides recommend resistance training and aerobic exercise for treatment of Major Depression. Treatment reports were provided from 01/14/14 to 07/01/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Standard Bicycle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation [www.odg-twc.com/index.html?odgtwc/stress.htm](http://www.odg-twc.com/index.html?odgtwc/stress.htm)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Knee & Leg section

**Decision rationale:** The patient presents with left ankle pain, left neck pain and swelling, mouth pain and tooth pain. The treater requests for 1 standard bicycle. On 06/10/14 the treater notes that the patient was authorized a six month gym membership to conduct an exercise program. The treater states that the patient recently began cycling with a borrowed bicycle and prefers to cycle than go the gym as the patient feels the cycling is better for him psychologically as well as physically. No psychiatry or psychology reports were provided or cited. MTUS pages 46-47 state that exercise is recommended and that, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." ODG further states under durable medical equipment that it must be primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness. In this case, one type of exercise is not superior to another and a bicycle is not medical equipment. Recommendation is for denial.