

Case Number:	CM14-0126298		
Date Assigned:	08/13/2014	Date of Injury:	12/27/2011
Decision Date:	09/18/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/08/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 60 year-old male with date of injury 12/27/2011. The mechanism of injury is not stated in the available medical records. The patient has complained of bilateral knee pain since date of injury. He has been treated with arthroscopic surgery of the knee, physical therapy and medications. There are no radiographic reports included for review. Objective: tenderness of the medial and lateral joint lines of the bilateral knees, positive grind and McMurray's tests bilaterally, trace effusion of the right knee. Diagnoses: knee joint pain, knee chondromalacia, degenerative joint disease bilateral knees. Treatment plan and request: stationary bike.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stationary Bike: 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), Treatment in Worker's Compensation, Knee & Leg Procedure.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints Page(s): 346-347, 350-352.

Decision rationale: This 60 year-old male has complained of bilateral knee pain since date of injury 12/27/2011. He has been treated with arthroscopic surgery of the knee, physical therapy

and medications. The current request is for a stationary bicycle. Per the MTUS guidelines cited above, there is no medical evidence for the recommendation of a stationary bicycle for the treatment of chronic knee pain. On the basis of the cited MTUS guidelines, a stationary bicycle is not indicated as medically necessary for this patient.