

Case Number:	CM14-0127414		
Date Assigned:	08/15/2014	Date of Injury:	06/03/2013
Decision Date:	09/16/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/12/2014

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 & 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:

According to the records made available for review, this is a 55-year-old male with a 6/3/13 date of injury, and status post left knee arthroscopic surgery in 2013. At the time (7/7/14) of request for authorization for Non stationary bike, there is documentation of subjective (2/10 left knee pain and reports that riding a bike decreases the knee pain and gives him more range of motion of knee, has tried a neighbor's mountain bike which helped decrease the knee pain and feels better than riding a stationary bike which cases the knee to start aching worse) and objective (no swelling of left knee, mild tenderness at anterior aspect of lateral joint line, moderate tenderness at anterior aspect along medial joint line, full range of motion of left knee with flexion of 130 degrees and extension 0 degrees, and varus and valgus stress test, anterior and posterior drawer signs, and McMurray tests negative) findings, current diagnoses (medial and lateral meniscus tears, left knee and status post left knee arthroscopic surgery), and treatment to date (physical therapy and medications (including glucosamine)). There is no documentation that the request is primarily and customarily used to serve a medical purpose and represents medical treatment that should be reviewed for medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Non 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, Knee and Leg, (Acute & Chronic), updated 12/28/2012, Durable medical equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable medical equipment (DME)<http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions>.

Decision rationale: ODG identifies documentation that the requested durable medical equipment (DME) can withstand repeated use (i.e. could normally be rented, and used by successive patients); and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, as criteria necessary to support the medical necessity of durable medical equipment. Medical Treatment Guideline identifies documentation that the request represents medical treatment in order to be reviewed for medical necessity, as criteria necessary to support the medical necessity of the requested Non stationary bike. Within the medical information available for review, there is documentation of diagnoses of medial and lateral meniscus tears, left knee and status post left knee arthroscopic surgery. However, there is no documentation that the request is primarily and customarily used to serve a medical purpose and represents medical treatment that should be reviewed for medical necessity. Therefore, based on guidelines and a review of the evidence, the request for Non stationary bike is not medically necessary.