

Case Number:	CM14-0156184		
Date Assigned:	09/25/2014	Date of Injury:	09/07/2010
Decision Date:	12/18/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/24/2014

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 Wisconsin. 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 injured worker is a 70-year-old male who reported an injury on 09/07/2010. The mechanism of injury is the injured worker stepped down and twisted his knee. The diagnoses included right knee internal derangement, most likely requiring knee replacement; right shoulder rotator cuff repair, now return; left shoulder rotator cuff tear; and lumbar discogenic disease. Past treatments included physical therapy and knee brace. Diagnostic studies included an MRI of the right knee which revealed definite medial compartment syndrome with degenerative meniscal tear and small joint effusion. Sonograms of both knees showed excellent widely patent popliteal artery stents without difficulty with blood flow. Surgical history included stent placement for both aneurysms on 11/23/2010. In 06/2011, the injured worker underwent right knee arthroscopy with repair of meniscus. In 04/2012, the injured worker underwent right shoulder rotator cuff repair. In 09/2012, the injured worker underwent right shoulder surgery. The injured worker reported he was able to walk better; however, he was still having difficulty exercising because of excessive weight putting pressure on the knee. The physician indicated the injured worker was not able to get more exercise walking on land based exercise. Upon examination, the injured worker was wearing knee braces well and had not had any problems with the stents that he had in his knees. Examination of the right knee was grossly abnormal. There was noted swelling with edema. Medial collateral and lateral collateral ligaments were positive for pain. The McMurray's test was extremely positive. The physician felt pops and catches. There was no evidence of drawer sign. There was no evidence of anterior cruciate ligament disease noted. There was definite patellar edema on the right side. The physician indicated the injured worker was wearing a brace and it was helping him; however, it was impossible for the injured worker to be in an exercise program. The injured worker was unable to exercise on land because of the heavy duty wear he had on his knee. The physician recommended specifically for conditioning

bike that would be a stationary bike to allow the injured worker to exercise without putting pressure on his knee with full activity. The physician indicated the injured worker was able to perform this exercise at home several times a day for weight reduction and allow the injured worker to take pressure off his knee. Medications included Hydrocodone And Cyclobenzaprine. The request for Resistance chair with smoothe rider bike (Stationary) for right knee was dated 09/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resistance Chair With Smoothe Rider Bike (Stationary) for right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: The request for resistance chair with smoothe rider bike (stationary) for right knee is not supported. The California MTUS states 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. The records submitted for review indicated the injured worker had right knee internal derangement, most likely requiring knee replacement. The physician indicated the injured worker was unable to exercise on land because of heavy duty wear on his knee. However, there was no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Furthermore, the records submitted for review failed to include documentation indicating the injured worker was unable to ambulate as part of an exercise regimen. Given the above, the request for Resistance Chair With Smoothe Rider Bike (Stationary) for right knee is not medically necessary.