

<b>Case Number:</b>	CM14-0023140		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	01/13/1994
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 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:

The injured worker is a 58 year old female who reported an injury on 01/13/1994. The mechanism of injury was reported as pulling a wooden pallet loaded with beverages. The diagnoses included fibrositis. Per the 11/06/2013 progress report, the injured worker reported learning new exercises and stretches from physical therapy. Per the 12/19/2013 physical therapy note, the injured worker reported low back pain rated 3/10. The injured worker had decreased lumbar range of motion, normal hip range of motion, and 3+/5 strength with hip abduction bilaterally. Per the 12/30/2013 physical therapy note, the injured worker reported ending therapy with the recumbent bike had become very helpful. The 02/05/2014 progress report noted the injured worker felt she had benefitted from exercises and traction in physical therapy. She also reported using the recumbent bike did not aggravate her back. The request for authorization form for a recumbent bike was submitted on 02/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RECUMBENT BIKE QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The CA MTUS guidelines state there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The guidelines do not specifically address the purchase of exercise equipment. However, the injured worker reported the exercises and stretching she learned in physical therapy were beneficial. Since the guidelines do not support the recommendation of one particular exercise regimen over another, a recumbent bike cannot be recommended over a home stretching and exercise program. The medical necessity for the purchase of a recumbent bike was not established. As such, the request is not medically necessary and appropriate.