

Case Number:	CM14-0030597		
Date Assigned:	06/20/2014	Date of Injury:	10/10/2012
Decision Date:	07/17/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/11/2014

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:

This patient sustained an injury on 10/10/12 while employed by [REDACTED]. The report of 2/13/14 from the provider noted the patient with decreased burning and shocking sensation complaints of right leg and left knee pain. There is positive weakness to right quadriceps and antalgic gait. Diagnoses include Mononeuritis Leg NOS; Pyogenic Arthritis of left leg/ crushing injury with femur fracture- postsurgical status and orthopedic aftercare; pain in joint/limb. Ortho P&S report of 5/6/14 noted the patient had supracondylar fractures on both legs s/p arthroscopy of right knee with subsequent degenerative arthrosis. Medications include Tramadol and Neurontin. Exam showed ambulation with cane; lumbar spine without evidence of spasm or pain; range of motion is normal; negative SLR and Lasegue; Hips without evidence of swelling or tenderness; range of motion are normal bilaterally; Right knee with no effusion; negative McMurray's and Apley's; no instability or patellofemoral tenderness; nor maltracking; Left knee had same unremarkable findings; decreased knee flexion on r/l 115/120 degrees; neurological exam with motor exam of 5/5 in L2-S1 distribution and symmetrical; hypersensitivity of right superficial nerve and tibial nerve distally below knee; no measurable atrophy of right lower extremities with intact pulses. X-rays showed satisfactory alignment and healing of distal femur fracture with degenerative arthrosis on right confirmed by arthroscopy. Diagnoses included bilateral femur crush injuries with distal fractures s/p ORIF; right superficial and right tibial nerve axonopathy; right knee s/p arthroscopy. Work restrictions were recommended along with future medical care for medications, short courses of physical therapy, acupuncture, chiropractic treatment with possible removal of hardware and potential right knee surgery if degenerative arthrosis progresses. There was no mention for stationary bike. The request for Stationary bike for purchase was non-certified on 2/20/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stationary bike for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Exercise Equipment, page 303.

Decision rationale: Per the ODG, Durable Medical Equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME); however, Medicare does not cover most of these items or exercise equipment for the fully mobile and independent adult as in this case. Submitted reports have not adequately demonstrated the medical indication for the purchase of a stationary bike for a patient with independent ambulatory mobility, intact neurological findings, previously instructed home exercise program, without any specifically defined limitations in ADLs to support this DME. The Stationary bike for purchase is not medically necessary and appropriate.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7.

Decision rationale: The submitted medical reports have not adequately demonstrated the indication to support the request for a Functional Capacity Evaluation (FCE) as the patient has undergone a recent Functional Capacity Evaluation and was determined to have permanent disability. Per an Orthopedic P&S report of 5/6/14, the patient had "recently undergone a Functional Capacity Evaluation, which clearly illustrated that he was unable to return to his previous normal occupation." Additionally, per the ACOEM Guidelines, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The request is not medically necessary and appropriate.