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| Case Number: | CM14-0049062 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 03/01/2012 |
| Decision Date: | 07/28/2014 | UR Denial Date: | 02/24/2014 |
| Priority: | Standard | Application Received: | 03/26/2014 |

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 Orthopaedic Surgery, 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 41 year-old male who was reportedly injured on 03/01/12 the mechanism of injury is not listed in these records reviewed. The most recent progress note dated 01/15/2014 indicates that there are ongoing complaints of low back pain and the physical examination demonstrated lumbar spine lumbar facet loading is positive on the right, tenderness noted over the SI joint on the left. Difficulty balancing on the left side. No diagnostic studies were available for review. Previous treatment includes an anti-inflammatory, physical therapy and psychotherapy. A request had been made for Exercise bicycle upright (Schwinn 130), and was not certified in the pre-authorization process on 02/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exercise bicycle upright (Schwinn 130), QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46-47.

Decision rationale: According to the California Medical Treatment Utilization Schedule guidelines exercise is recommended. It 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 recommendations of any particular exercise regimen over any other exercise regimen. According to the medical documentation provided there are no objective clinical findings limiting this claimant to the use of an exercise bicycle for his only form of exercise. Therefore, this request is not medically necessary.