

Case Number:	CM14-0049676		
Date Assigned:	07/07/2014	Date of Injury:	06/19/2012
Decision Date:	08/08/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/17/2014

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, has a subspecialty in Interventional Spine 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 patient is a 51-year-old male with date of injury of 06/19/2012. The listed diagnoses per [REDACTED] dated 03/14/2014 are: Left knee pain; Chondromalacia of the left knee; History of left knee medial and lateral meniscus tears; Status post partial medial and lateral meniscectomy from 11/16/2012; Grade 3 chondral lesion of the patellofemoral joint and medial femoral condyle, status post arthroscopic chondroplasty of the patellofemoral joint and medial femoral condyle from 11/16/2012. According to this report, the patient complains of knee pain. The pain is constant and sharp. He rates his pain as 7/10 without medications and 5/10 with pain medications. The pain is aggravated by sitting, standing, walking, bending, and lifting. The pain is alleviated by lying down and use of pain medications. The examination of the left knee shows no joint effusion. He has well-healed arthroscopic scar on the left knee. There is tenderness in the medial joint line of the left knee. Lachman's test is negative. Varus and valgus stress test is negative in the left knee. He ambulates independently without an assistive device with an antalgic gait. His gait is improved when he uses a standard cane for ambulation. The utilization review denied the request on 04/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stationary bicycle for left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, Exercise equipment, Durable medical equipment.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Durable Medical Equipment (DME).

Decision rationale: This patient presents with chronic left knee pain. The treater is requesting a stationary bicycle for the left knee. The MTUS and ACOEM Guidelines do not address this request. MTUS and ODG strongly support exercise but not exercise equipment unless it is essential and exercise cannot be performed another way. Under exercise equipment, ODG states to see durable medical equipment and does not consider it primarily medical in nature. ODG on durable medical equipment recommends DME given the following criteria: (1) DME is given if it can withstand repeated use; (2) Primarily and customarily used to serve a medical purpose; (3) Generally not useful to a person in the absence of illness or injury; (4) Appropriate for use in the patient's home. The progress report dated 03/14/2014 notes that the treater is requesting a stationary bicycle for home use to strengthen the patient's quadriceps muscles. While exercise is desirable, ODG does not differentiate one type of exercise over another. There is no evidence that a stationary bike is the only way to achieve an effective exercise for knee conditions. In this case, a stationary bicycle is not considered a medical device but exercise equipment. The requested stationary bicycle does not meet ODG's criteria for DME. Therefore, the request is not medically necessary.