

Case Number:	CM14-0067188		
Date Assigned:	07/11/2014	Date of Injury:	04/04/1992
Decision Date:	10/03/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/12/2014

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 Nevada. 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 records presented for review indicate that this 54-year-old gentleman was reportedly injured on April 4, 1992. The most recent progress note, dated March 31, 2014, indicates that there are ongoing complaints of left knee pain. Current medications include Motrin and Norco. Pain is rated at 8/10 without medications and 6/10 with medication. The physical examination demonstrated range of motion of the left knee from 0 to 120. There was tenderness at the medial and lateral joint lines. Quadriceps strength was measured at 5/5. Diagnostic imaging studies of the left knee were not reviewed during this visit. Previous treatment includes oral medications. A request had been made for a home stationary bike and a home elliptical machine and was not certified in the pre-authorization process on April 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Stationary Bike: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Durable Medical Equipment, Updated August 25, 2014.

Decision rationale: It is unclear why there is a request for exercise equipment for an individual who has knee flexion from 0 to 120 and full quadriceps muscle strength. Additionally, according to the Official Disability Guidelines, durable medical equipment is that which is primarily and customarily used to serve medical purpose and is generally not useful to a person with the absence of illness or injury. The use of a home stationary bike does not meet these criteria. For these reasons, this request for a home stationary bike is not medically necessary.

Home Elliptical Machine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Durable Medical Equipment, Updated August 25, 2014.

Decision rationale: It is unclear why there is a request for exercise equipment for an individual who has knee flexion from 0 to 120 and full quadriceps muscle strength. Additionally, according to the Official Disability Guidelines, durable medical equipment is that which is primarily and customarily used to serve medical purpose and is generally not useful to a person with the absence of illness or injury. The use of a home elliptical machine does not meet these criteria. For these reasons, this request for a home elliptical machine is not medically necessary.