

Case Number:	CM14-0070161		
Date Assigned:	07/14/2014	Date of Injury:	04/01/2013
Decision Date:	09/10/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/15/2014

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 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 56-year-old patient sustained an injury on 4/1/13 from prolonged sitting on a defected driver seat. The request under consideration include stationary bike with back support (unknown purchase or rental). Diagnoses include lumbar stenosis/ L5 radiculopathy. Computed tomography (CT) scan of lumbar spine dated 4/1/13 showed bilateral spondylosis at L5 with slight retrolisthesis at L5-S1, degenerative spinal stenosis, and multilevel degenerative disc disease. Report of 1/29/14 from the provider noted chronic lower back pain radiating to left lower extremity interfering with activities of daily living (ADL) and sleep. The patient has been taking Ultracet for pain rated at 4-5/10. Report of 3/24/14 from the provider noted the patient with ongoing chronic low back symptoms. Conservative care has included physical therapy, acupuncture sessions with mild relief. The request for stationary bike with back support (unknown purchase or rental) was non-certified on 4/16/14 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 with back support, unknown purchase or rental: Upheld

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

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

Decision rationale: Per ODG guidelines, a durable medical equipment (DME) 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, unremarkable neurological findings, previously instructed home exercise program, without any specifically defined limitations in activities of daily living (ADLs) to support this DME. The stationary bike with back support (unknown purchase or rental) is not medically necessary and appropriate.