

Case Number:	CM14-0070254		
Date Assigned:	07/14/2014	Date of Injury:	10/17/2013
Decision Date:	09/11/2014	UR Denial Date:	04/15/2014
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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 female with a work injury dated 10/17/13. The diagnoses include left knee contusion, chondromalacia patella, left medial meniscal tear. Under consideration is a request for a stationary exercise bicycle. There is a primary treating physician report dated that states that the patient is almost done with PT for the knee. The therapist recommended a home exercise bike so that the patient can continue home exercise. On exam there is no lateral or medial joint line swelling. Her gait is normal. The documenting physician feels it would be best for the patient to work on quadriceps strengthening prior to considering a knee arthroscopy. The treatment plan is to continue PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stationary Exercise Bicycle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines; Excellus Guidelines-Blue Cross/Blue Shield; Medicaid Services (<http://www.nls.org/conf/services.htm>).

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: Exercise equipment.

Decision rationale: Stationary exercise bike is not medically necessary per the ODG guidelines. The MTUS does not specifically address this request. The ODG guidelines state that exercise equipment is considered not primarily medical in nature. The documentation does not indicate an extenuating medical circumstance that would require this piece of exercise equipment. The request for a stationary exercise bike is not medically necessary.