

<b>Case Number:</b>	CM14-0093111		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/02/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 California and Washington. 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 32-year-old female who reported a fall on 06/02/2013. Her chief complaint was left knee pain. If she stands and walks for 5 to 7 hours a day, the pain starts to get worse. She described the pain at 6-7/10. To alleviate her discomfort, she massages her knee, stretches her leg, and puts ice on it. She is not taking any analgesic medications. Her diagnoses included status post patella fracture and patellar tendonitis. She had completed 32 sessions of physical therapy. She was able to return to work; however, she continued to have weakness and a fall resulted from the weakness. The rationale for the request stated that a home stationary bike was medically necessary for her to strengthen the muscles around the knee and thereby prevent falls in the future, and promote the best possible long-term outcome. A request for authorization dated 05/26/2014 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stationary Bike:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME) and Exercise Equipment.

**Decision rationale:** The request for stationary bike is not medically necessary. In the Official Disability Guidelines, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME, defined as equipment which can withstand repeated use, for example, could normally be rented and used by successive patients, and is primarily and customarily used to serve a medical purpose. Exercise equipment is considered not primarily medical in nature. The clinical information submitted fails to meet the evidence based guidelines for durable medical equipment. Therefore, this request for stationary bike is not medically necessary.