

<b>Case Number:</b>	CM14-0193312		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	08/28/2006
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Family Practice 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 70-year-old man reported bilateral knee, elbow, forearm and wrist injuries as well as upper and lower back injuries, with date of injury 8/28/06. No mechanism of injury is described in the available records. Treatment has included bilateral knee arthroscopic surgeries in July of 2007. The primary physician's progress (note from 10/16/14) notes that the patient has ongoing, unchanged low back and bilateral knee pain that improves with rest, medications and home exercise program. Exam findings include tenderness and decreased range of motion of both the knees and back. There is positive crepitus, patellar grind test and McMurray's test in both knees. Straight leg test is positive for numbness and tingling along the L5 and S1 dermatomes, left greater than right. There is decreased sensation in the same dermatomes, again left greater than right. Diagnoses include status post bilateral knee arthroscopy with post-operative residuals including patellofemoral arthralgia with underlying degenerative joint disease; thoracolumbar sprain with bilateral lower extremity radiculitis with multilevel degenerative disc disease, facet degenerative joint disease and stenosis; bilateral medial and lateral epicondylitis of the elbow with dynamic cubital tunnel syndrome; bilateral forearm and wrist flexor and extensor tendinitis with carpal tunnel syndrome, improved; and psychiatric, ENT, internal medicine, neurology and toxicology complaints, deferred. The treatment plan contains 9 items, which include that the patient was to continue his home exercise program, a request for authorization of 8 sessions of physical therapy for the lumbar spine and both knees, and a request for authorization of a resistance chair with exercise cycle-/smooth /rider II "to supplement home exercise program and help the patient to decrease pain, increase strength, increase activities of daily living and decrease medications". The request for the resistance chair/exercise cycle was denied in UR on 11/3/14 on the basis that advanced exercise home exercise equipment was not needed and that the patient had already had physical therapy prescribed. MTUS Chronic Pain Medical Treatment

Guidelines for exercise and ODG lumbar spine exercise guidelines were cited. The primary physician's note dated 11/18/14 states that the patient is to start physical therapy two times per week for four weeks. It documents plans to request IMR for the denial of the resistance chair but not for physical therapy, indicating that the physical therapy had been authorized. The available documents do not contain the certification for PT. The patient is not working, and it is unclear for how long that has been the case.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**(1) Resistance chair with exercise cycle- smooth rider: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Exercise

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, Chronic Pain Treatment Guidelines Functional Improvement; Functional improvement measures; Exercise Page(s): 9,48, 46-47.

**Decision rationale:** According to the ACOEM knee citation, sophisticated rehabilitation programs involving equipment should be reserved for significant knee problems as an alternate to surgery or for postoperative rehabilitation. Also, per the MTUS Chronic Pain citations, all therapies should be focused on the goal of functional improvement rather than just pain elimination, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS exercise reference states that exercise is recommended, but that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other. The clinical documentation in this case does not support the provision of a resistance chair/exercise cycle to this patient. The patient is documented as already participating in a home exercise program, and apparently has been authorized for 8 sessions of physical therapy. The provider has not documented a rationale regarding what additional benefits to the patient are likely to result from this particular piece of equipment that could not be achieved by either home exercise or PT. This patient has not had recent knee surgery, and no surgery is being contemplated, so sophisticated equipment should be unnecessary. The provider has not documented a detailed assessment of the patient's functional status, nor has he documented specific goals for the use of this equipment. (A specific goal would be "patient will increase his ability to walk from one to four blocks", as opposed to "increase strength and increase activities of daily living".)Based on the MTUS citations above and on the clinical documentation provided for my review, a resistance chair with exercise cycle-Smooth Rider is not medically necessary. It is not medically necessary because the requesting provider has not documented any reason that use of elaborate equipment is needed, because the provider has not documented any reason that use of this equipment would provide results superior to the physical therapy and home exercise in which the patient will already be participating; and because there are no documented specific functional goals for its use. As such, the request is not medically necessary.