

Case Number:	CM14-0196960		
Date Assigned:	12/05/2014	Date of Injury:	01/12/2011
Decision Date:	02/04/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational Medicine, 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:

Patient is a 51 year-old male with date of injury 01/12/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/31/2014, lists subjective complaints as pain in the right knee. Patient is status post right knee surgery in 2011. Objective findings: Examination of the right knee revealed tenderness to palpation over the medial and lateral joint lines. There was tenderness over the posterior aspect as well. Range of motion was decreased in flexion and extension. Strength and sensory examinations were within normal limits. Diagnosis: 1. Right knee pain 2. Chronic pain syndrome 3. Status post medial meniscus tear 4. Myofascial pain 5. Depression. Patient has completed 6 sessions of aqua therapy and was recently approved for six more.

IMR ISSUES, DECISIONS AND RATIONALES

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

Recumbent Stationary Bike for The Right Knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

Decision rationale: The MTUS and the Official Disability Guidelines are silent on this issue. According to the Blue Cross Clinical UM Guideline, health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a doctor are not medically necessary. Recumbent Stationary Bike for The Right Knee is not medically necessary.