

<b>Case Number:</b>	CM14-0208175		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	03/18/1998
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 73 year-old female with a 3/18/1998 date of injury. The injury is reported to involve both knees, and she had a right knee arthroplasty on 4/8/14 and excision/biopsy of a soft tissue mass on 7/30/14. She has recommendations for a left knee replacement in the future. On 8/11/14, the orthopedist recommended a stationary bicycle for home exercise, believing that it may reduce the cost of PT. On 11/25/14 utilization review denied a stationary bicycle, stating MTUS does not support any particular exercise over another, and that the stationary bicycle is not a medical device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stationary bicycle for home rehabilitation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, DME.

**Decision rationale:** The orthopedic surgeon requested a stationary bicycle for the patient to use at home for rehabilitation of the right knee, after a right TKA on 4/8/14 and subsequent soft

tissue surgery on 7/30/14. MTUS Chronic Pain Medical Treatment Guidelines, for exercise, pages 46-47 states: Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG-TWC guidelines, Knee Chapter online for DME states: Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. The term DME is defined as equipment which:(1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients ;(2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) The stationary bicycle does not appear to meet the ODG-TWC guideline definition of durable medical equipment. It is not primarily used to serve a medical purpose and can benefit a person in the absence of illness or injury. The request for: Stationary bicycle for home rehabilitation is not medically necessary.