

Case Number:	CM14-0069767		
Date Assigned:	06/27/2014	Date of Injury:	11/20/1988
Decision Date:	07/20/2015	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial injury on 11/20/88. He reported a complete spinal cord injury. The injured worker was diagnosed as having paraplegia, depression, bowel incontinence and urinary incontinence. Treatment to date has included oral medications including Depakote, Lisinopril, Metoprolol, baclofen pump, spinal fusion (1988), physical therapy, home exercise program, motorized wheelchair, chiropractic treatment and gym membership. Currently, the injured worker would like to participate in a supervised exercise program. Physical exam noted wheelchair bound muscular upper body and suprapubic catheter. The treatment plan included a brain altering handcycle for daily use, to be able to exercise without commuting to the gym.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lasher Sport All-Terrain Handcycle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Effects of Hand Cycle Training on Physical Capacity in

Individuals With Tetraplegia: A Clinical Trial Journal of Physical Therapy - June 2009 National Guidelines for weight loss Agency for Healthcare Quality Research 2010 Feb. p. 96 Linda J.M. Valent, Annet J. Dallmeijer, Han Houdijk, Hans J. Slootman, Thomas W. Janssen, Marcel W.M. Post and Lucas H. van der Woude.

Decision rationale: The ACEOM and ODG guidelines do not address hand cycles. In this case, the claimant was a T7 paraplegic who had received extensive therapy and gym membership. There is no clear evidence for long-term or indefinite use of a hand cycle. Short-term use for 8-12 weeks have been studied. In addition it was ordered for physical activity rather than for the disability. The guidelines do not support the use of hand-cycle for weight loss. There was no mention of calorie restriction to manage weight. The request for a hand cycle is not medically necessary.