

Case Number:	CM15-0166727		
Date Assigned:	09/04/2015	Date of Injury:	09/02/2000
Decision Date:	10/08/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/25/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old individual, who sustained an industrial injury on 09-02-2000. Injury was reported to the bilateral knees. The diagnoses have included status post left total knee arthroplasty, on 09-19-2012; left pes-patella tendonitis; right knee medial osteoarthritis; left calf-quad weakness; left calcific abductor tendonitis; and right gluteal strain. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Celebrex. A progress report from the treating physician, dated 07-22-2015, documented an evaluation with the injured worker. The injured worker reported right knee swelling and popping; right knee flare up after doing step-ups in physical therapy, better now; can ambulate two blocks; is in physical therapy; icing twice a day; and the Orthovisc injection in June 2014 gave great relief. Objective findings included mild right-sided antalgic gait; well-healed incision; mild to moderate effusion; tenderness to palpation of the right knee; decreased ranges of motion; positive patella grind and inhibition tests; and the patella tracks well without tilt or subluxation. The treatment plan has included ice and stationary bike in lieu of physical therapy. Request is being made for home stationary bike.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home stationary bike: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter under DME.

Decision rationale: The current request is for a Home stationary bike. The RFA is dated 08/06/15. Treatment to date has included left TKR 2012, right knee arthroscopy 02/12/15, medications, diagnostics, injections, physical therapy, and surgical intervention. MTUS Chronic Pain Medical Treatment Guidelines, under 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). Per report 07/22/15, the patient reported right knee swelling and popping and right knee flare up after doing step-ups in physical therapy. Objective findings included mild right-sided antalgic gait; well-healed incision; mild to moderate effusion; tenderness to palpation of the right knee; decreased ranges of motion; and positive patella grind and inhibition tests. The treater recommended a home stationary bike in lieu of PT. While a stationary bike is a good way for the patient to exercise, there is no evidence that it is superior to other methods of exercise that can be accomplished without a stationary bike. In addition, the stationary bicycle does not 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. Furthermore, there is no discussion as to why the patient is unable to establish a home exercise program to manage the pain. Therefore, the request is not medically necessary.