

Case Number:	CM15-0187626		
Date Assigned:	09/29/2015	Date of Injury:	01/22/1986
Decision Date:	11/12/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/23/2015

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: Texas, 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:

This is a 57 year old male patient, who sustained an industrial injury on 01-22-1986. The diagnoses include status post left knee arthroscopy with partial medial meniscectomy on 06-24-2015. Per the doctor's note dated, 08-31-2015, he had no longer having locking and mechanical symptoms. He has not begun physic therapy because he was noted to be waiting on authorization. Pain was noted at minimal and he was noted to be feeling better. The pain was well controlled on current regime of pain medications. The physical examination revealed portal sites examined and re healing well, no evidence of an infection noted, peripheral pulses present, no evidence of neurovascular compromise site to the joint, range of motion within normal limits for this point in the rehabilitation process and no evidence of arthrofibrosis. The current medications were not listed as 08-31-2015. The previous medications list includes norco, mobic, simvastatin and vicodin. He has undergone left knee arthroscopy with partial medial meniscectomy on 6/24/2015; left knee open repair and reconstruction of the medial collateral ligament on 1/31/1986; right sided nephrectomy. He has had recent diagnostic studies including left knee MRI dated 2/21/15 which revealed complex tear posterior horn medial meniscus; right knee MRI dated 2/21/15 which revealed degenerative changes and tear posterior horn medial meniscus. Treatments to date included home exercise and pain medication. The Utilization Review (UR) was dated 09-10-2015. A Request for Authorization was dated 09-01-2015 for Nordic track recumbent bike model GX 5.0 was submitted. The UR submitted for this medical review indicated that the request for Nordic track recumbent bike model GX 5.0 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nordic track recumbent bike model GX 5.0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Exercise equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 07/10/15) Home exercise kits Exercise Gym memberships.

Decision rationale: Nordic track recumbent bike model GX 5.0. Per the cited guidelines regarding specialized instruments "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision." Contraindication to a simple home exercise program without specialized equipment is not specified in the records provided. The rationale for the need of specialized equipment is not specified in the records provided. Response to conservative therapy including land based physical therapy and pharmacotherapy is not specified in the records provided. The medical necessity of Nordic track recumbent bike model GX 5.0 is not fully established for this patient.