

Case Number:	CM15-0195520		
Date Assigned:	10/09/2015	Date of Injury:	08/08/1988
Decision Date:	11/19/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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: Florida, New York, Pennsylvania
 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 70 year old male who sustained a work-related injury on 8-8-18. Medical record documentation on 9-16-15 revealed the injured worker was being treated for coronary artery disease due to calcified coronary lesion. His medical history included coronary artery bypass grafting in September of 1988. A stress test in 2007 did not reveal evidence of ischemia. He had remained symptom free and the evaluating physician noted that he was on the appropriate medical therapy including a beta-blocker, statin therapy and anti-platelet therapy. Objective findings included normal heart sounds with no murmurs, rubs or gallops. He had no pedal edema in the bilateral lower extremities and his distal pulses were intact. The evaluating physician noted that an elliptical machine would be beneficial for the injured worker due to the reduced impact on the knee joints. He noted that the injured worker had severe bilateral knee arthritis and was unable to do any good functional exercise on a treadmill or walking. From a cardiac standpoint, the injured worker needed to continue to exercise. A request for elliptical machine for 99 months was received on 9-17-15. On 9-24-15, the Utilization Review physician determined an elliptical machine for 99 months was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elliptical machine for 99 months: 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 Eckel RH et al, 2013 AHA/ACC guideline on lifestyle management to reduce cardiovascular risk: a report of the American College of Cardiology/ American Heart Association Task Force on Practice Guidelines. J Am Coll Cardiol 2014;63: 2960 - 84, Cohen D, Cochrane for Clinicians, Exercise for Osteoarthritis of the Knee, AFP, 1Nov15, 92: 774.

Decision rationale: This 70 year old member was under care for a history of coronary artery disease. Details as to the compensable injury in this claim were not made available. The providers report 16 Sep15 was a comprehensive cardiac review. The member underwent CABG in 1988. Since that time, the member had been compliant and was reported to be under good management with beta-blockers, statins and anti-platelet therapy. The members report showed no evidence of ischemia and all labs were deemed satisfactory. Subsequent to this report was a supplemental report that simply stated that the member had a history of severe OA of the knees and would benefit from the use of an elliptical exercise machine presumptively for the beneficial benefit of exercise and modifying cardiovascular risks. Unfortunately, the MTUS does not speak specifically to this issue. There were no details of a physical examination or any historical details regarding the exact limitations on the member's ability to exercise in any other fashion (swimming or bike). There are also no details suggesting that the member was housebound and could not attend at a gym making appropriate exercise equipment available. While exercise is routinely recommended, it is defined to be a minimum of 150 minutes a week of moderate (brisk walking) or high intensity exercise. A recent Cochrane review of the role of exercise for OA of the knee does confirm that land based exercise will reduce knee pain and improve quality of life and physical function. It however found no difference in any of the land based programs. None of these programs rose to the level of intensity recommended to have the needed impact on cardiovascular risk. Additionally none of the studies on exercise and cardiovascular risk has specifically addressed those over 65. The UR Non-Cert for the elliptical exercise machine is supported; the request is not medically necessary.