

Case Number:	CM15-0209665		
Date Assigned:	10/28/2015	Date of Injury:	08/28/2006
Decision Date:	12/16/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/25/2015

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, Hawaii

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:

This injured worker is a 71 year old male who reported an industrial injury on 8-28-2006. His diagnoses, and or impressions, were noted to include: status-post bilateral knee arthroscopic surgeries (2007), with post-operative residual including patellofemoral arthralgia with underlying degenerative joint disease; lumbar disc disease, radiculopathy and facet syndrome; left sacroiliac joint sprain-strain; thoracolumbar spine musculoligamentous sprain-strain with bilateral lower extremity radiculitis; bilateral extremity tenosynovitis, medial-lateral epicondylitis, with bilateral cubital and carpal tunnel syndrome. No current imaging studies were noted. His treatments were noted to include: highly complex orthopaedic agreed medical examination and report on 2- 27- 2008; an agreed medical examination on 5-5-2008, with a re-evaluation on 2-18-2010 & 10- 20- 2010; synvisc injections (Jan. 6, 9 & 23, 2015); an audiological evaluation on 4-10-2015; bilateral lumbar epidural injections (5-11-15 & 8-14-15); medication management with toxicology studies; and rest from work. The progress notes of 9-9-2015 reported: an 80% decrease in low back pain, rated 3 out of 10, and only with prolonged sitting, and increasing his functionality, following left lumbar transforaminal epidural steroid injections (8-14-15), allowing him to decrease his oral pain medication usage by 100%. The objective findings were noted to include: no apparent distress; a left antalgic gait; exacerbated left heel-toe walk; positive left piriformis tenderness; positive left sacroiliac tenderness, with positive bilateral Kemp's test and left straight leg raise; positive bilateral Farfan test; and decreased lumbar extension. The physician's requests for treatment were noted to include a resistance chair exercise and rehabilitation system with exercise cycle - Smooth Rider II for his condition and to increase function of the lumbar spine and increase strength of the lower extremities. The Request for Authorization, dated 9-4-2015, was noted for resistance chair exercise and rehabilitation system with exercise cycle - Smooth Rider II. The Utilization Review of 10-19-2015 non-certified the request for a resistance chair exercise and rehabilitation system with exercise cycle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resistance chair exercise and rehabilitation system with exercise cycle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute & Chronic). DMD: Exercise equipment,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

Decision rationale: The records indicate the patient has chronic low back and bilateral knee pain and is status post arthroscopic surgeries to both knees in 2007. The current request is for resistance chair exercise and rehabilitation system with exercise cycle - Smooth Rider II. The 9/4/15 progress report states that the exercise system is to increase function of the lumbar spine and increase strength of the bilateral lower extremities. The MTUS does recommend exercise for the back and knees. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. However, specific exercise for home use is not considered to be medical in nature and is therefore not medically necessary for chronic pain conditions. In this case, the patient's date of injury is 2006, and the patient should be well versed in an appropriate home exercise program indicated for his condition. The attending physician offers no discussion as to why this patient may have exceptional needs that would necessitate the purchase of home exercise equipment. As such, the request for a rehabilitation system with exercise cycle is not appropriate or medically necessary.