

Case Number:	CM15-0023641		
Date Assigned:	02/13/2015	Date of Injury:	01/20/2012
Decision Date:	04/22/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/09/2015

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: 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 55 year old female, who sustained an industrial injury on 01/20/2012. She has reported tripping over a loose carpet sustaining an injury to the left knee. Diagnoses include severe osteoarthritis of the right knee and status post right total knee replacement. Treatment to date has included multiple steroid injections, viscosupplementation, use of a brace, therapy, and two arthroscopic procedures. In a progress note dated 01/27/2015 the treating provider reports mild antalgic gait pattern, with the ability to flex the knee to about 95 degrees. The treating physician requested a recumbent bike as part of the injured worker's rehabilitation to help in improvement in function post knee replacement. On 02/04/2015 Utilization Review non-certified the requested treatment of recumbent bicycle, noting the Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Knee & Leg, Durable Medical Equipment (DME).

IMR ISSUES, DECISIONS AND RATIONALES

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

Recumbent bicycle: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee - DME.

Decision rationale: According to guidelines it states DME are recommended if there is a medical need for them. Exercise bicycles are not recommended as there is no medical need for them. Based on this it is not medically necessary.