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| Case Number: | CM15-0214176 | | |
| Date Assigned: | 11/04/2015 | Date of Injury: | 12/23/2012 |
| Decision Date: | 12/22/2015 | UR Denial Date: | 10/07/2015 |
| Priority: | Standard | Application Received: | 10/30/2015 |

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 59-year-old who has filed a claim for chronic knee, hip, and back pain reportedly associated with an industrial injury of December 23, 2012. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve a request for an exercise bike for the left knee. The claims administrator referenced a September 28, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On June 6, 2015, the applicant reported ongoing issues with chronic low back and left knee pain. The applicant reportedly had advanced arthritis. The applicant was asked to consult a knee arthroplasty specialist while remaining off of work, on total temporary disability. The remainder of the file, including the claims administrator's medical evidence log, was surveyed. The September 28, 2015 office visit at issue was not seemingly incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exercise bike recumbent style for the left knee: 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 & Leg, Durable medical equipment (DME).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable medical equipment (DME).

Decision rationale: No, the request for an exercise bike-recumbent style-for the left knee was not medically necessary, medically appropriate, or indicated here. While page 98 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that home exercise can include functional activities with assistive devices, here, however, the September 28, 2015 office visit at issue was not incorporated into the IMR packet. The need for the exercise bike was not clearly describes, discussed, or articulated via the historical notes provided. ODG's Knee Chapter Durable medical Equipment topic also notes that DME is defined as an equipment which is primarily and customarily used to serve a medical purpose and is generally not useful to an applicant in the absence of injury or illness. An exercise bike, thus, by this definition, does not constitute an article of DME as it could potentially be useful to an individual in the absence of injury or illness. Therefore, the request was not medically necessary.