

Case Number:	CM15-0031421		
Date Assigned:	02/24/2015	Date of Injury:	07/06/2001
Decision Date:	04/10/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/19/2015

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: 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:

The injured worker is a 55 year old female who sustained an industrial injury on 07/06/2001. Current diagnoses include lumbar radiculopathy, hip pain, hip degenerative joint disease, knee pain, and pain in joint lower leg. Previous treatments included medication management, steroid injections, physical therapy, TENS unit, home exercise program, and multiple knee surgeries. Report dated 02/03/2015 noted that the injured worker presented with complaints that included right hip pain and bilateral knee pain. Pain level was rated as 4 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 02/10/2015 non-certified a prescription for recumbent bike, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS, ACOEM, and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: Recumbent Bike: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, 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 Knee & Leg Chapter, Exercise Equipment and Durable Medical Equipment.

Decision rationale: The patient presents with right hip pain and bilateral knee pain rated 7/10 without and 4/10 with medication. The request is for DURABLE MEDICAL EQUIPMENT: RECUMBENT BIKE. The RFA provided is dated 02/05/15. Patient's diagnosis included lumbar radiculopathy, hip pain, hip degenerative joint disease, knee pain, and pain in joint lower leg. Previous treatments included medication management, steroid injections, physical therapy, TENS unit, home exercise program, and multiple knee surgeries. The patient is to continue modified duties. The MTUS and ACOEM Guidelines do not address this request. ODG guidelines Knee & Leg Chapter, Exercise Equipment and Durable Medical Equipment, state is recommended generally if there is a medical need and if it fits the following Medicare definition: Can withstand repeated use; Primarily serves a medical purpose, Generally is not useful to a person in the absence of illness or injury; Is appropriate for use in the patient's home."Per progress report dated 02/03/15, the patient states that recumbent bike provided pain relief during physical therapy sessions. She states, she had increased range of motion in her left knee and was able to get higher /longer cardiovascular activity on the bike vs. walking. Use of the bike reportedly decreased pain in her hip as well." Of note, patient was approved for a bike 12 years ago but the bike no longer works. The patient weighs 186 lbs and has a BMI of 30.02. It appears that the request is to supplement the patient's noted home exercise program. There is a strong support from all the guidelines for exercises that can be performed by the patient and ODG guidelines do provide some support for exercise kits for various conditions; however, in this case, there is no indication that the patient is unable to continue home exercise program or why a specialized exercise equipment would be necessary. There is no indication of definite medical necessity to substantiate the request. The request IS NOT medically necessary.