

Case Number:	CM14-0163146		
Date Assigned:	10/08/2014	Date of Injury:	09/05/2012
Decision Date:	11/13/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient with a date of injury of 9/5/12. A utilization review determination dated 9/23/14 recommends non-certification of stationary bicycle. It referenced a 9/2/14 medical report identifying 120 degrees of left knee flexion. Recommendations included continued post-operative physical therapy (PT) and a stationary bicycle so that the patient could continue to strengthen the knee at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stationary bicycle for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, Knee & Leg Chapter (updated 8/25/1).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: Regarding the request for a stationary bicycle, CA MTUS notes that exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start

of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment. Independent home exercise programs are typically designed without the need for specialized equipment and there is no clear rationale identifying why it is necessary in this case. In the absence of such documentation, the currently requested stationary bicycle is not medically necessary.