

Case Number:	CM14-0163413		
Date Assigned:	10/08/2014	Date of Injury:	07/26/2007
Decision Date:	11/07/2014	UR Denial Date:	09/18/2014
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 and is licensed to practice in Illinois. 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:

The injured worker is a 77-year-old male who reported an injury on 07/26/2007. The mechanism of injury was while the injured worker was riding a tractor. The diagnoses included status post right knee lateral release, plica repair, status post femur open reduction and internal fixation. Previous treatments included medication and surgery. Within the clinical note dated 08/18/2014, it was reported the injured worker complained of right knee pain, and right hip pain. Upon the physical examination, the provider noted that the injured worker had tenderness of the right hip. He noted the injured worker had decreased range of motion of the right hip. The injured worker had tenderness to palpation of the right knee. He noted the injured worker had flexion of 140 degrees, and extension of 0 degrees. The request submitted is for a resistance chair and exercise cycle Smoothrider. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 09/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resistance Chair and Exercise Cycle Smooth Rider: 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: Exercise Equipment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Durable Medical Equipment.

Decision rationale: The request for a resistance chair and exercise cycle smooth rider is not medically necessary. Official Disability Guidelines indicate that exercise equipment is considered not primarily medical in nature and durable medical equipment is recommended generally if there is a medical need and if the device of the system meets Medicare definition of durable medical equipment. Durable medical equipment is defined as the equipment can withstand repeated use, could normally be rented, and used by successive patients. Is primarily and customarily used to serve a medical purpose. Generally is not useful to a person in the absence of illness or injury and is appropriate for use in the patient's home. A resistance chair and the exercise cycle smooth rider are not considered primarily medical in nature. The request submitted failed to provide the duration that the injured worker is to utilize the machine. Therefore, the request is not medically necessary.