

Case Number:	CM15-0124575		
Date Assigned:	07/09/2015	Date of Injury:	03/05/1997
Decision Date:	08/05/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/29/2015

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: Arizona, 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 71-year-old male who sustained an industrial injury on 3/5/97. The mechanism of injury is not clear. He currently complains of diarrhea and abdominal pain. Physical exam was unremarkable with negative Neer test, clear lungs and normal abdominal exam. Current medications were not identified. Diagnosis was irritable bowel syndrome. In the progress note, dated 1/23/15 the treating provider's plan of care includes requests for recumbent bicycle for exercise; injured worker cannot use treadmill due to low backache. He was also prescribed Donnatoil and Lomotil for diarrhea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Recumbent bicycle qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation ODG Treatment, Knee & Leg, DME Treadmill exerciser.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter and pg 21.

Decision rationale: According to the guidelines, the term DME is defined as equipment which:
(1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients;
(2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. In this case, there is no indication that a bicycle is part of the claimant's necessary therapy. There is no indication that exercises cannot be performed without a bicycle. It is not certain why a bike may help the lumbar spine. The request is not substantiated and not medically necessary.