

Case Number:	CM15-0070084		
Date Assigned:	04/17/2015	Date of Injury:	08/28/2014
Decision Date:	05/19/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/14/2015

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 56-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 28, 2014. In a Utilization Review report dated April 7, 2015, the claims administrator failed to approve a request for a recumbent exercise bike. Twelve sessions of physical therapy, however, were approved. The claims administrator referenced a March 30, 2015 progress note in its determination. The applicant personally appealed, in a letter dated April 15, 2015. The applicant noted the delays in the process. On January 9, 2015, the applicant reported ongoing complaints of knee pain. The applicant was working full duty, it was acknowledged. Locking and giving way were reported. A positive McMurray maneuver was noted. The applicant exhibited a minimally antalgic gait. The applicant was returned to regular duty work while knee MRI imaging was proposed. On March 30, 2015, the applicant apparently transferred care to new primary treating provider (PTP). The applicant had undergone earlier left knee ACL reconstruction in 1996 and left knee arthroscopic debridement in 2007, it was acknowledged. The applicant was on losartan for hypertension. The applicant was severely obese, with BMI of 38, it was noted. The applicant was working full time as an administrative assistant, it was acknowledged. 125 degrees of left knee range of motion was reported. The applicant exhibited a non-antalgic gait. The applicant was given a diagnosis of knee arthritis. The attending provider did seemingly state, at times, that the applicant's left knee had been impacted, while other sections of the note stated, somewhat incongruously, that the applicant's right knee had been impacted. A home exercise program, Voltaren gel, and physical therapy were endorsed. It was stated that the applicant could also consider

corticosteroid and/or viscosupplementation injections before a total knee arthroplasty was sought. The recumbent exercise bike at issue was also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Recumbent Exercise bike: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine; Exercise Page(s): 98; 46.

Decision rationale: No, the request for a recumbent exercise bike was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Page 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines likewise do not recommend any one particular exercise regimen over another. Finally, the MTUS Guideline in ACOEM Chapter 5, page 83 notes that, to achieve functional recovery, that applicants are expected to assume certain responsibilities, one of which includes adhering to and maintaining exercise regimen. Thus, both on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and page 83 of the ACOEM Practice Guidelines take the position that exercise regimens and, by implication, associated equipment, are articles of applicant responsibility as opposed to articles of payer responsibility. Here, it is further noted that the attending provider has failed to establish the presence of significant impairment so as to compel a variance from the guidelines. The applicant was described as exhibiting a non-antalgic gait on March 30, 2015. The applicant was apparently performing home exercise as of that point in time. The applicant was working full time, it was reported on that date. Thus, all evidence on file pointed to the applicant seems ability to perform home exercises of her own accord without any need for specialized equipment in the form of the recumbent exercise bike at issue. Therefore, the request was not medically necessary.