

Case Number:	CM15-0076667		
Date Assigned:	04/28/2015	Date of Injury:	07/22/1993
Decision Date:	05/26/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/22/2015

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: Florida

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 69 year old male, who sustained an industrial injury on 7/22/1993. He reported continuous trauma injury. The injured worker was diagnosed as having lumbosacral disc degeneration, lumbosacral spondylosis, carpal tunnel syndrome, osteoarthritis, bilateral knee degenerative joint disease, left hip degenerative joint disease and severe rotator cuff arthropathy-status post-surgical repair. There is no record of a recent diagnostic study. Treatment to date has included surgery, therapy and medication management. In a progress note dated 1/7/2015, the injured worker complains of bilateral shoulder pain and bilateral hip pain. The treating physician is requesting a stationary bike purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stationary bike purchase: 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), treadmills and stationary bicycles.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines).

Decision rationale: MTUS guidelines are silent regarding the issue of stationary bikes. Therefore, the ODG was referenced. The ODG specifically states that treadmills and stationary bikes are not considered medically necessary. Regarding this patient's case, there is documentation to suggest that this obese and deconditioned patient will be compliant with the use of his stationary bike even if such a request were granted. There is no documentation of a trial period on a stationary bike. This request is not medically necessary.