

Case Number:	CM13-0053519		
Date Assigned:	12/30/2013	Date of Injury:	10/11/2012
Decision Date:	06/18/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/18/2013

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 & Rehabilitation 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:

The patient is a 54 year old with an injury date of 10/11/12. Based on the 4/1/13 progress report provided by [REDACTED], the diagnosis is lumbar disc disease. An exam of the lumbar spine on 10/14/13 showed "no deformity, erythema, soft tissue swelling, ecchymosis, or atrophy. Moderate tenderness to palpation at lumbar paraspinals bilaterally. Range of motion moderately decreased, at 75% of normal. Passive straight leg raise test is normal on left and right." [REDACTED] is requesting purchase of a comfortable bike with ergonomically corrected parts. The utilization review determination being challenged is dated 10/31/13. [REDACTED] is the requesting provider, and he provided treatment reports from 1/23/13 to 10/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A COMFORTABLE BIKE WITH ERGONOMICALLY CORRECTED PARTS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ODG offer the following criteria for durable medical equipment; (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; and (4) Is appropriate for use in a patient's home. In this case, the treater has asked for a bike with ergonomically corrected parts, but does not specify why the patient cannot use a normal bike. There is also no explanation as to why the patient is not able to do other exercises and requires a special bike. The ODG do not differentiate different kinds of exercises. The purchase of a bicycle in this case is not medically necessary per the ODG criteria for durable medication equipment.