

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0145040 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 11/08/2012 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 08/21/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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 74 year old female who reported an injury on 11/08/2012 due to a fall. The injured worker has diagnoses of right knee tear medial meniscus, chondromalacia patella to right knee. Past medical treatment included medications, cortisone injections, and physical therapy. Diagnostic testing included x rays of the right and left knee which were performed on 11/09/2012 and an MRI of the right knee which was performed on 03/18/2013. The surgical history was not provided. The injured worker complained of pain, discomfort, stiffness and swelling of the right knee on 08/11/2014. The physical examination revealed extension lag of 10 degrees of right knee and flexion was limited to 90 degrees. There was marked weakness with knee extension against resistance and trace effusion with mild varus. Medications were not provided. The treatment plan was for an exercise bike. The provider was requesting an exercise bike for exercise and to increase range of motion, and improve strength, function, and gait. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, KNEE & LEG CHAPTER

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

Decision rationale: The request for Exercise Bike is not medically necessary. The injured worker complained of pain, discomfort, stiffness and swelling of the right knee on 08/11/2014. The physical examination revealed extension lag 10 degrees of right knee, flexion limited to 90 degrees, and marked weakness knee extension against resistance, with trace effusion mild varus. The Official Disability Guidelines note the term durable medical equipment is defined as equipment which can withstand repeated use or could normally be rented and used by successive patients, equipment which is primarily and customarily used to serve a medical purpose, equipment which generally is not useful to a person in the absence of illness or injury, and equipment which is appropriate for use in a patient's home. Exercise equipment is considered not primarily medical in nature. The exercise bike would be useful in the absence of illness or injury. There is a lack of documentation which demonstrates the injured worker's need for an exercise bike as opposed to other forms of therapy. Therefore the request for Exercise bike is not medically necessary.