

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/24/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/24/2013
Date of Injury: 6/24/2010
IMR Application Received: 8/7/2013
MAXIMUS Case Number: CM13-0008068

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Provider.
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 53-year-old female who reported injury on 06/24/2010. The mechanism of injury was stated as the patient walking home when they felt their knee give way and the patient experienced weakness, swelling, and immediate pain although did not actually fall. The patient was noted to have 3 Synvisc injections and a home exercise program. The patient noted the home exercise program was helpful. The patient was noted to have no laxity. The patient was noted to be limping favoring the right lower extremity. The diagnosis was stated to be status post knee contusion with resultant PFA. The request was made for Bionicare knee device with 3 months of supplies.

IMR DECISION(S) AND RATIONALE(S)

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

1. Bionicare Knee Device with three (3) months of supplies is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, (ODG), Knee Chapter, which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines,(ODG), which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The Official Disability Guidelines recommends Bionicare as an option for patients in a therapeutic exercise program for osteoarthritis of the knee who may be candidates for a total knee arthroplasty, but want to defer surgery. Clinical documentation submitted for review indicated the employee had a knee contusion and chondromalacia patella. Clinical documentation submitted for review indicated that the employee had x-rays on 11/27/2012 which revealed the employee had slight degenerative changes and the patella had less than 3 mm of space. It was further stated that the treatments for the employee's right knee osteoarthritis were only to have provided limited benefit; however, clinical documentation submitted for review failed to provide information that the employee was in a therapeutic exercise program for osteoarthritis and failed to provide information that the employee was a candidate for a total knee arthroplasty, but wanted to defer surgery. **The request for Bionicare knee device with three (3) months of supplies is not medically necessary and appropriate.**

/pas

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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