

Case Number:	CM13-0004305		
Date Assigned:	03/21/2014	Date of Injury:	01/28/2008
Decision Date:	04/22/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/29/2013

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:

This 52 year-old female sustained an injury on 1/29/06 while employed by the [REDACTED]. The patient has been treated with the provider for chronic bilateral knees, left hip, and left shoulder pain. There was a dated 5/30/13 UR/Peer review referral noting a report of 5/22/13 with contradictory subjective complaints stating the patient continues to have "severe" pain of the knees; another noted the patient states "there has been no pain in the knee." Noted was "this is a future medical claim" for the bilateral knee, left hip, and left shoulder, settled on 11/26/08, and 11/16/10 AA filed for new & further. Diagnoses included bilateral knee patella chondromalacia. A report of 8/27/13 from the provider noted the patient is evaluated for knee complaints s/p knee arthroscopy. Pain complaints continues and she was not doing any therapy for the knee because of concern they will "stop doing therapy" on her shoulder. Exam of the knees noted full extension, flexion to 110 degrees; moderate patellar instability; significant discomfort and degenerative change. Impression had bilateral knee patellofemoral arthritis. Plan included a patellar stabilizing brace as current brace is too tight.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL KNEE O'ACTIVE BRACE WITH BIONICARE SYSTEM (PURCHASE)
QTY 2:00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- TWC,

ANTHEM:http://www.anthem.com/wps/portal/ca/culdesac?name=onlinepolicies&content_path=provider/f1/s0/t0/pw, Cigna, and Cochrane.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: Regarding knee braces and BioniCare system, the ODG states it is a treatment option in conjunction with an active exercise program for diagnoses of significant osteoarthritis to delay possible total knee arthroplasty (TKA). Clinical exam has not demonstrated any severe acute red-flag conditions or limitation in ADLs as a result of the patient's knee condition to support use of this BioniCare system, which is considered by the FDA to be investigational and not medically necessary as a treatment for osteoarthritis. ODG notes this device received FDA approval as a TENS device. There are no studies to show the knee brace and BioniCare system is superior over a TENS unit. The request is therefore not medically necessary and appropriate.