

Case Number:	CM13-0014199		
Date Assigned:	10/03/2013	Date of Injury:	01/01/2000
Decision Date:	01/17/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/20/2013

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 and 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 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. 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 52 year old male who reported an injury on 12/09/1997. The mechanism of injury was a fall. Treatment includes an unofficial MRI, an unspecified right knee surgery, and physical therapy. The patient returned to work at full duty until a reoccurrence of pain in 2003 that was accompanied by buckling and swelling of the knee. He again received physical therapy with no improvement. An MRI dated 04/22/2003 revealed degenerative changes of the bilateral knees consistent with osteoarthritis. He continues to complain of right knee pain but does not wish for surgery at this time. He is working full duty with no restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

OTS knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: The California MTUS/ACOEM recommends the use of a brace for patellar instability, ACL tears, or MCL instability. Guidelines also state that a brace is usually only necessary if the patient is going to be stressing the knee under load, such as climbing ladders or

carrying boxes, and that use of a brace needs to be combined with a rehabilitation program. The medical records provided for review do not show evidence of patellar or MCL instability nor give a diagnosis of an ACL tear. Furthermore, the request is not accompanied by evidence of an anticipated rehabilitation program. As such, the request for an OTS knee brace is non-certified.

Bionicare knee system: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Bionicare Knee Device.

Decision rationale: The California MTUS/ACOEM guidelines did not specifically address the use of Bionicare knee systems, but they did refer to the use of knee braces. The California MTUS/ACOEM states that the use of a brace is recommended for patellar or MCL instability and ACL tears. The California MTUS/ACOEM also states that a brace is usually only necessary if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes, and that use of a brace needs to be combined with a rehabilitation program. The Official Disability Guidelines were supplemented as they refer specifically to the Bionicare system. The ODG recommends this device as an option for patients in a therapeutic exercise program for osteoarthritis of the knee, who may be candidates for total knee arthroplasty (TKA) but want to defer surgery. The medical records did not provide any evidence of a current or anticipated therapy program. Therefore, the request for a Bionicare knee system is non-certified.

three (3) unknown supplies: 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) Knee and Leg, Bionicare Knee Device.

Decision rationale: There is no specification as to what supplies are being requested. The California MTUS and ACOEM guidelines did not address the Bionicare knee device, which requires supplies, so the Official Disability Guidelines were supplemented. However, the request for the Bionicare knee device was not medically necessary. Therefore, the request for 3 unknown supplies is non-certified.