

<b>Case Number:</b>	CM13-0023812		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	06/30/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Occupational Medicine 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:

Injured worker is a female with date of injury 6/30/2010. Per primary treating physician's progress report dated 8/15/2013, the injured worker state symptoms are essentially unchanged. She still wants to proceed with hand surgery consult for right carpal tunnel release. On exam bilateral wrists tender flexor tendons, negative Tinel's, negative Finkelstein's, positive Phalen's bilaterally. Bilateral knee exam there is tenderness medially greater than laterally, positive patella grind bilaterally, positive patella apprehension. Gait is not antalgic, no limp. Diagnoses include 1) cervical spine strain 2) throacic spine strain 3) lumbar spin strain with radiculopathy 4) bilateral wrists midl to moderate carpal tunnel syndrome 5) bilateral shoulder strain 6) bilateral knee sprain/moderate osteorthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE: OACTIVE (OTS) UNLOADER KNEE BRACE X 2:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Unloader Braces for the Knee Section.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Unloader Braces for the Knee section.

**Decision rationale:** Per the California MTUS Guidelines, the use of a knee brace is recommended for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional than medical. Usually a brace is necessary only in the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. This injured worker has osteoarthritis with positive patella apprehension and positive patella grind tests bilaterally. The treatment plan is for the use of an unloader brace specifically, which is recommended by the ODG for osteoarthritis. The use of an unloader brace with the use of the Bionicare knee device has positive outcomes that with the Bionicare device alone. The request for the Oactive (OTS) unloader knee brace x 2 is determined to be medically necessary.

**PURCHASE: BIONICARE KNEE DEVICE X 2 PLUS SUPPLIES X 3 MONTHS- FOR BILATERAL KNEES:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Bionicare Knee Device.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Bionicare Knee Device.

**Decision rationale:** The injured worker has bilateral osteoarthritis of the knees. The use of the Bionicare device is recommended by the ODG for patients with osteoarthritis of the knee that are in an exercise program and who may be candidates for total knee arthroplasty but want to defer surgery. Outcomes from the use of the Bionicare device are better when used with an unloader device than without. The request for Bionicare Knee Device x 2 plus supplies x 3 months for bilateral knees is determined to be medically necessary.