MAXIMUS Federal Services

Case Number:	CM13-0024270		
Date Assigned:	01/15/2014	Date of Injury:	01/10/2012
Decision Date:	06/25/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/16/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 62 year old with an injury date on 1/10/12. Based on the 8/22/13 progress report, the diagnoses are septic arthritis of the knee, chondromalacia patella, joint pain of the knee, and medial meniscus tear. An exam on 8/22/13 showed that range of motion both knees is 0-35. There is patellofemoral crepitation with flexion-extension of both knees. There is no swelling and no infection.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIONICARE KNEE DEVICE (ELECTRICAL STIMULATION) FOR PURCHASE FOR RIGHT AND LEFT KNEES WITH NIGHT WRAP, QTY: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TENS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, KNEE SECTION

Decision rationale: This patient presents with chronic bilateral knee pain with multiple knee surgeries over 30 years, and is status post medial meniscectomy of the right knee as of 6/17/12

and arthroscopy with medial meniscectomy of the left knee as of 5/25/11. The treating physician has requested a BioniCare knee device (electrical stimulation) for use as a night wrap system to decrease pain/swelling and improve function. A review of the medical reports shows no indication that the patient is undergoing future knee replacement surgery. The most recent orthopedic evaluation was 6/1/12, prior to the right knee meniscectomy, although orthopedic consultation was recommended in the 11/20/13 report. The Official Disability Guidelines recommend BioniCare devices as a treatment option for patients with osteoarthritis of the knee who want to defer total knee arthroplasty. It is FDA approved as a TENS unit. In this case, the patient has osteoarthritis and the use of this device may be indicated. However, for TENS units, the MTUS requires a one-month home rental trial to ensure that the device will produce functional improvement. Given that the request is for a purchase rather than a trial, the request is not medically necessary.

3 MONTHS SUPPLIES FOR BIONICARE DEVICES FOR RIGHT AND LEFT KNEE FOR PURCHASE, QTY: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TENS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, KNEE SECTION

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.