

Case Number:	CM13-0037539		
Date Assigned:	12/18/2013	Date of Injury:	08/29/2011
Decision Date:	04/18/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/23/2013

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 & 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 female who reported an injury on 08/29/2011. The mechanism of injury was not provided in the medical records. The patient's diagnoses included chronic left knee pain. Her most recent clinical note dated 12/13/2013 indicated that the patient is pending knee surgery. Her symptoms include persistent left knee pain. It was noted that she has difficulty standing and walking for prolonged periods of time. It was noted that she has been wearing her knee brace. Her physical examination revealed limited range of motion in the left knee, tenderness to palpation to the lateral and medial knee joint lines, and negative anterior and posterior drawer signs. Her treatment plan was noted to include continued pain medication and referral to a psychologist for psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIONICARE TO STRENGTH QUADRICEPS MUSCLE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & leg, Bionicare® knee device

Decision rationale: According to the Official Disability Guidelines, a Bionicare knee device may be recommended 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. The clinical information submitted for review indicates that the patient is pending left knee surgery; however, it is noted that the pending surgery is for a medial and/or lateral meniscectomy with possible chondroplasty. Additionally, the documentation fails to indicate whether the patient is participating in a therapeutic exercise program. Moreover, the patient is not shown to have a diagnosis of osteoarthritis of the knee. Furthermore, the patient's most recent clinical note provided, dated 12/13/2013, indicates that the patient was already utilizing a knee brace. Therefore, it is unclear whether the patient is already using a Bionicare knee brace and, if so, why a new request has been made. Additionally, as the request is noted to be in order to strengthen the patient's quadriceps muscle, it is unclear what deficits in motor strength the patient is suffering as her physical examination failed to show evidence of atrophy or decreased motor strength in the quadriceps. For the reasons noted above, the requested service is non-certified.