

Case Number:	CM13-0042820		
Date Assigned:	12/27/2013	Date of Injury:	04/28/2006
Decision Date:	02/27/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/19/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 32-year-old male. The patient states that he injured his right knee while at work on 4/28/2006 the mechanism of the injury is not noted. Since the time of injury the patient has had 13 surgeries. The patient was recently seen by an AME evaluator who indicated that the patient was permanent and stationary. He has been diagnosed with right knee osteoarthritis. Treatment at this time remains symptomatic with viscosupplementation and cortisone injections and future medical treatment for arthroplasty. The patient currently complains of constant pain in his right knee and difficulty with prolonged standing and walking. The patient states that symptoms are about the same as they were before, noting pain from the knee both laterally and medially, with some popping laterally but no swelling. He has difficulty kneeling and squatting. Diagnosis includes: Degenerative disease in the right knee, status post meniscal implant, status post multiple debridement procedures. In the Doctors first report of injury dated 8/18/2013, the treating physician reported; "I have recommended the patient to try a BioniCare brace for offloading and to reduce his pain. The patient was previously taking Percocet and ibuprofen. I have recommended that he use Voltaren gel and I have recommended that he stop the Percocet and hopefully the BioniCare brace will help with the pain control. The patient will be seen in follow-up In 6 months. No other treatment at this time is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

BioniCare knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013 web-based edition and California MTUS Guidelines, web-based edition, http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC-Knee and Leg, BioniCare Knee Device

Decision rationale: With respect to BioniCare Knee brace, the MTUS guideline recommended 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. However, in the Doctors first report of injury dated 8/18/2013, the treating physician reported; "I have recommended the patient to try a BioniCare brace for offloading and to reduce his pain." ODG guideline states that outcomes are better with an unloader brace, used with BioniCare, than with BioniCare alone. "MTUS further stated that usually a brace is necessary only if 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program. Therefore the request for BioniCare brace for Offloading is not supported by the guidelines and is therefore not medically necessary. Further, there is no documentation of any rehabilitation program planned for this patient.