

Case Number:	CM13-0044791		
Date Assigned:	12/27/2013	Date of Injury:	03/13/2010
Decision Date:	03/12/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/01/2013

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 Family Practice 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 54-year-old male who reported an injury on 03/13/2010. The patient is currently diagnosed with lumbar spine sprain and strain, right lower extremity radiculopathy, left sacroiliac joint sprain and strain, bilateral knee patellofemoral arthritis and osteoarthritis, bilateral wrist tendinitis, and bilateral elbow medial and lateral epicondylitis. The most recent physician progress report was submitted by [REDACTED] on 10/29/2013. The patient reported complaints of severe lower back pain as well as bilateral knee pain. Physical examination revealed tenderness to palpation with positive SI stress testing and positive Gaenslen's testing, as well as tenderness to palpation of bilateral medial and lateral joint lines, positive patellofemoral crepitus bilaterally, and decreased range of motion bilaterally. Treatment recommendations included a request for authorization of Synvisc injections in bilateral knees. A previous supplemental medical-legal evaluation was submitted by [REDACTED] on 09/09/2013. Treatment recommendations include Bionicare knee system as well as knee braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral bionicare knee device system E0762x2 with 3 month supplies A9999x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Bionicare® knee device.

Decision rationale: The Physician Reviewer's decision rationale: Official Disability Guidelines state Bionicare knee device is 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. This device received FDA approval as a TENS device, but there are additional claims of tissue regeneration effectiveness and studies suggesting the possibility of deferral of TKA with the use of the Bionicare system. As per the documentation submitted, the patient's most recent physical examination on 10/29/2013 revealed positive patellofemoral crepitus, tenderness to palpation, and negative laxity. Severity of osteoarthritis was not documented. There is no indication that this patient is a candidate for a total knee arthroplasty. There is also no documentation of this patient's active participation in a therapeutic exercise program. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.

Bilateral bionicare night wrap system E0762x2 with 3 month supplies A9999x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Bionicare® knee device.

Decision rationale: The Physician Reviewer's decision rationale: Official Disability Guidelines state Bionicare knee device is 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. This device received FDA approval as a TENS device, but there are additional claims of tissue regeneration effectiveness and studies suggesting the possibility of deferral of TKA with the use of the Bionicare system. As per the documentation submitted, the patient's most recent physical examination on 10/29/2013 revealed positive patellofemoral crepitus, tenderness to palpation, and negative laxity. Severity of osteoarthritis was not documented. There is no indication that this patient is a candidate for a total knee arthroplasty. There is also no documentation of this patient's active participation in a therapeutic exercise program. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.

Bilateral OActive OTS knee braces L1843x2L2810x2L2820x2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints Page(s): 339-340.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Knee Brace.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state a brace can be used for patellar instability, ACL tear, or MCL instability. A brace is necessary only if the patient is going to be stressing the knee under load. As per the documentation submitted, there is no documentation of patellar instability, an ACL tear, or MCL instability. The patient's latest physical examination revealed only tenderness to palpation with positive crepitus and negative laxity. There is also no indication that this patient will be stressing the knee under load. Additionally, California MTUS/ACOEM Practice Guidelines state, in all cases, braces need to be properly fitted and combined with a rehabilitation program. The medical necessity for the requested service has not been established. As such, the request is non-certified.