

<b>Case Number:</b>	CM13-0047156		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 and Rehabilitation, has a subspecialty in Pain 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 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:

This is a female patient who sustained a work-related injury on August 1, 2011. A progress report dated November 2, 2013 stated that the patient's complaints are unchanged. Objective examination findings include reduced range of motion in the cervical and lumbar spine. Diagnoses include neck pain, low back pain, and reflex sympathetic dystrophy. The treatment plan includes stimulation, sympathetic block, and Neurontin. A request for BioniCare by VQ Orthocare dated September 24, 2013 includes a diagnosis of left leg reflex sympathetic dystrophy. A progress report dated June 11, 2013 includes diagnoses of neck pain, low back pain, and left leg reflex sympathetic dystrophy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BioniCare night wrap system:** 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)

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

**Decision rationale:** The ACOEM/MTUS guidelines do not contain criteria for the use of BioniCare; other guidelines were used instead. The Official Disability Guidelines recommended

BioniCare as an option for patients in a therapeutic exercise program for osteoarthritis of the knee, who may be candidates for total knee arthroplasty. Within the documentation available for review, there is no indication that the patient has osteoarthritis of the knee or is a candidate for total knee arthroplasty. In the absence of such documentation, the current request for BioniCare brace is not medically necessary.

**BioniCare supplies:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Tech fee:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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