

<b>Case Number:</b>	CM13-0047258		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/24/2007
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 & 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:

Per treating physician's report, [REDACTED], 03/15/2013, the patient suffered injury to the bilateral knees from working as a fireman. The patient underwent right knee surgery in 2008 and presents with persistent bilateral knee pain, low back pain, pain in the hip and ankle. Diagnostic impressions were history of multiple orthopedic injuries during his long-term employment as a fire captain, status post surgical intervention through right thumb and lower back, status post multiple surgical interventions on both knees, difficulty with ambulation and foot drop on both sides exact cause not clear, peripheral neuropathy, weakness, distal muscles in the lower extremities, presence of foot drop on both sides, worse on the right side than left, history of skin cancer in the face, shoulders, and arms, history of diabetes, hypertension. Recommendation was for electrodiagnostic studies. There is a report of the lumbar spine MRI from 03/12/2013 showing 3- to 4-mm disk protrusion at L4-L5 with moderate to severe central stenosis, 4-mm left-sided disk protrusion at L5-S1 with an extrusion over the left side. There is also an initial orthopedic evaluation by [REDACTED] on 02/22/2013 seen for pain in his back and weakness in legs. Presenting symptoms are that the patient has been told that he has peripheral neuropathy, back pain at 5/10 to 8/10, buttock pain at 8/10 to 10/10, legs at 5/10 to 10/10. The patient had right total knee replacement in 2008. Examination is showing slow gait, weakness in bilateral lower extremities. Assessments were spinal stenosis, weakness in both the L5 and S1 nerve roots, peripheral neuropathy, and diabetes, status post right knee replacement, degenerative joint disease of left knee. Recommendation is for lumbar spine MRI, EMG/NCV studies, and use of medication. There is an old report from 11/13/2007 by [REDACTED], discussing "a medial unloader brace was also prescribed to assist with the medial worse than lateral osteoarthritis".

## IMR ISSUES, DECISIONS AND RATIONALES

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

**OACTIVE CUSTOM KO:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG-TWC GUIDELINES REGARDING KNEE BRACING: ([HTTP://WWW.ODG-TWC.COM/ODGTWC/KNEE.HTM#KNEEBRACE](http://www.odg-twc.com/odgtwc/knee.htm#kneebrace))

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with chronic bilateral knee pain, low back pain, history of multiple surgeries in the bilateral knees including right knee replacement from 2008. There is a request for OActive custom knee orthosis, condyle pads, clear anodized corrosion protect and lower extremity orthosis x2 as well as OActive knee orthosis suspension wrap. This request was denied by utilization review letter 10/18/2013 citing that telephone conversation was not achieved and the most recent submitted report was from 11/13/2007, which is more than 2 years prior to 11/03/2009 when the requests were dispensed. "Thus, the claimant's condition and function limitations prior to 11/03/2009 are unknown." Given the lack of clear and detailed documentations at the time of the knee orthosis dispensed, the medical necessity could not be established. Submitted for review were 108 pages and included in the file were reports from 11/13/2007, 03/15/2013, 02/22/2013. I do not see a progress report discussing the request at hand. However, ODG Guidelines support knee orthosis or knee bracing for severe osteoarthritis, and custom fabricated knee braces are indicated for abnormal limb contours such as valgus varus, tibial varus, disproportion of the thigh and calf and minimal muscle mass in which to suspend the brace. Prefabricated knee braces are recommended for medial cartilage repair, painful failed total knee arthroplasty, etc. In this case, the patient has had multiple surgeries of the bilateral knees, knee replacement in the right side, weakness in the both lower extremities due to peripheral neuropathy. OActive custom knee orthosis along with its supplies appear medically reasonable and supported by the guidelines. Recommendation is for authorization.

**CONDYLE PADS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG-TWC GUIDELINES REGARDING KNEE BRACING: ([HTTP://WWW.ODG-TWC.COM/ODGTWC/KNEE.HTM#KNEEBRACE](http://www.odg-twc.com/odgtwc/knee.htm#kneebrace))

**Decision rationale:** This patient presents with chronic bilateral knee pain, low back pain, history of multiple surgeries in the bilateral knees including right knee replacement from 2008. There is

a request for OActive custom knee orthosis, condyle pads, clear anodized corrosion protect and lower extremity orthosis x2 as well as OActive knee orthosis suspension wrap. This request was denied by utilization review letter 10/18/2013 citing that telephone conversation was not achieved and the most recent submitted report was from 11/13/2007, which is more than 2 years prior to 11/03/2009 when the requests were dispensed. "Thus, the claimant's condition and function limitations prior to 11/03/2009 are unknown." Given the lack of clear and detailed documentations at the time of the knee orthosis dispensed, the medical necessity could not be established. Submitted for review were 108 pages and included in the file were reports from 11/13/2007, 03/15/2013, 02/22/2013. I do not see a progress report discussing the request at hand. However, ODG Guidelines support knee orthosis or knee bracing for severe osteoarthritis, and custom fabricated knee braces are indicated for abnormal limb contours such as valgus varus, tibial varus, disproportion of the thigh and calf and minimal muscle mass in which to suspend the brace. Prefabricated knee braces are recommended for medial cartilage repair, painful failed total knee arthroplasty, etc. In this case, the patient has had multiple surgeries of the bilateral knees, knee replacement in the right side, weakness in the both lower extremities due to peripheral neuropathy. OActive custom knee orthosis along with its supplies appear medically reasonable and supported by the guidelines. Recommendation is for authorization.

**CLEAR ANODIZE CORROSION PROTECT:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG-TWC GUIDELINES REGARDING KNEE BRACING: ([HTTP://WWW.ODG-TWC.COM/ODGTWC/KNEE.HTM#KNEEBRACE](http://www.odg-twc.com/odgtwc/knee.htm#kneebrace))

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with chronic bilateral knee pain, low back pain, history of multiple surgeries in the bilateral knees including right knee replacement from 2008. There is a request for OActive custom knee orthosis, condyle pads, clear anodized corrosion protect and lower extremity orthosis x2 as well as OActive knee orthosis suspension wrap. This request was denied by utilization review letter 10/18/2013 citing that telephone conversation was not achieved and the most recent submitted report was from 11/13/2007, which is more than 2 years prior to 11/03/2009 when the requests were dispensed. "Thus, the claimant's condition and function limitations prior to 11/03/2009 are unknown." Given the lack of clear and detailed documentations at the time of the knee orthosis dispensed, the medical necessity could not be established. Submitted for review were 108 pages and included in the file were reports from 11/13/2007, 03/15/2013, 02/22/2013. I do not see a progress report discussing the request at hand. However, ODG Guidelines support knee orthosis or knee bracing for severe osteoarthritis, and custom fabricated knee braces are indicated for abnormal limb contours such as valgus varus, tibial varus, disproportion of the thigh and calf and minimal muscle mass in which to suspend the brace. Prefabricated knee braces are recommended for medial cartilage repair, painful failed total knee arthroplasty, etc. In this case, the patient has had multiple surgeries of the bilateral knees, knee replacement in the right side, weakness in the both lower extremities due to peripheral neuropathy. OActive custom knee orthosis along with

its supplies appear medically reasonable and supported by the guidelines. Recommendation is for authorization.

**ADD-ON LOWER EXTREMITY ORTHOSIS X 2:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG-TWC GUIDELINES REGARDING KNEE BRACING: ([HTTP://WWW.ODG-TWC.COM/ODGTWC/KNEE.HTM#KNEEBRACE](http://www.odg-twc.com/ODGTWC/KNEE.HTM#KNEEBRACE))

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with chronic bilateral knee pain, low back pain, history of multiple surgeries in the bilateral knees including right knee replacement from 2008. There is a request for OActive custom knee orthosis, condyle pads, clear anodized corrosion protect and lower extremity orthosis x2 as well as OActive knee orthosis suspension wrap. This request was denied by utilization review letter 10/18/2013 citing that telephone conversation was not achieved and the most recent submitted report was from 11/13/2007, which is more than 2 years prior to 11/03/2009 when the requests were dispensed. "Thus, the claimant's condition and function limitations prior to 11/03/2009 are unknown." Given the lack of clear and detailed documentations at the time of the knee orthosis dispensed, the medical necessity could not be established. Submitted for review were 108 pages and included in the file were reports from 11/13/2007, 03/15/2013, 02/22/2013. I do not see a progress report discussing the request at hand. However, ODG Guidelines support knee orthosis or knee bracing for severe osteoarthritis, and custom fabricated knee braces are indicated for abnormal limb contours such as valgus varus, tibial varus, disproportion of the thigh and calf and minimal muscle mass in which to suspend the brace. Prefabricated knee braces are recommended for medial cartilage repair, painful failed total knee arthroplasty, etc. In this case, the patient has had multiple surgeries of the bilateral knees, knee replacement in the right side, weakness in the both lower extremities due to peripheral neuropathy. OActive custom knee orthosis along with its supplies appear medically reasonable and supported by the guidelines. Recommendation is for authorization.

**OACTIVE KO SUSPENSION WRAP:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG-TWC GUIDELINES REGARDING KNEE BRACING: ([HTTP://WWW.ODG-TWC.COM/ODGTWC/KNEE.HTM#KNEEBRACE](http://www.odg-twc.com/ODGTWC/KNEE.HTM#KNEEBRACE))

**Decision rationale:** This patient presents with chronic bilateral knee pain, low back pain, history of multiple surgeries in the bilateral knees including right knee replacement from 2008.

There is a request for OActive custom knee orthosis, condyle pads, clear anodized corrosion protect and lower extremity orthosis x2 as well as OActive knee orthosis suspension wrap. This request was denied by utilization review letter 10/18/2013 citing that telephone conversation was not achieved and the most recent submitted report was from 11/13/2007, which is more than 2 years prior to 11/03/2009 when the requests were dispensed. "Thus, the claimant's condition and function limitations prior to 11/03/2009 are unknown." Given the lack of clear and detailed documentations at the time of the knee orthosis dispensed, the medical necessity could not be established. Submitted for review were 108 pages and included in the file were reports from 11/13/2007, 03/15/2013, 02/22/2013. I do not see a progress report discussing the request at hand. However, ODG Guidelines support knee orthosis or knee bracing for severe osteoarthritis, and custom fabricated knee braces are indicated for abnormal limb contours such as valgus varus, tibial varus, disproportion of the thigh and calf and minimal muscle mass in which to suspend the brace. Prefabricated knee braces are recommended for medial cartilage repair, painful failed total knee arthroplasty, etc. In this case, the patient has had multiple surgeries of the bilateral knees, knee replacement in the right side, weakness in the both lower extremities due to peripheral neuropathy. OActive custom knee orthosis along with its supplies appear medically reasonable and supported by the guidelines. Recommendation is for authorization.

**BIONICARE KNEE SYSTEM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TREATMENT GUIDELINES FOR TENS Page(s): 114-121.

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with bilateral knee osteoarthritis, with history of knee replacement. There is a request for Bionicare Knee System with electrode kit including shipping and handling. Despite review of 108 pages of reports, including progress reports from 11/13/2007, 02/20/2013, 03/15/2013, there are no discussions regarding this request. There are no discussions as to how this unit is helping this patient manage pain and improve function. While electrical stimulation system may be indicated with some electrical systems supported by MTUS Guidelines, the guidelines clearly discuss the need for 1-month trial of the unit, documentation of efficacy in terms of pain reduction and functional gains followed by home use. In this request, there is no documentation that the patient has tried home use for 30 days, there is no documentation as to how this unit is helping this patient's pain level and function. Without these documentations, the request cannot be considered. Recommendation is for denial.

**BIONICARE ELECTRODE KIT X 3 INCLUDING SHIPPING AND HANDLING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TREATMENT GUIDELINES FOR TENS Page(s): 114-121.

**Decision rationale:** This patient presents with bilateral knee osteoarthritis, with history of knee replacement. There is a request for BionCare Knee System with electrode kit including shipping and handling. Despite review of 108 pages of reports, including progress reports from 11/13/2007, 02/20/2013, 03/15/2013, there are no discussions regarding this request. There are no discussions as to how this unit is helping this patient manage pain and improve function. While electrical stimulation system may be indicated with some electrical systems supported by MTUS Guidelines, the guidelines clearly discuss the need for 1-month trial of the unit, documentation of efficacy in terms of pain reduction and functional gains followed by home use. In this request, there is no documentation that the patient has tried home use for 30 days, there is no documentation as to how this unit is helping this patient's pain level and function. Without these documentations, the request cannot be considered. Recommendation is for denial.