

Case Number:	CM13-0051302		
Date Assigned:	12/27/2013	Date of Injury:	10/03/2012
Decision Date:	03/19/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/14/2013

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 Orthopedic Surgery, 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 63-year-old gentleman who was injured in a work-related accident on 10/3/12 when he fell on steps injuring his low back, left shoulder, and knees. The specific request in this case is in regard to the claimant's knees. A 11/6/13 PR2 report with the treating physician, [REDACTED], indicates that the claimant is with a diagnosis of severe osteoarthritis with medial meniscal tearing, anterior cruciate ligament tearing, and has failed considerable care with regard to his knee. He describes continued buckling and grinding. Despite significant course of conservative measures, operative intervention in the form of surgical arthroplasty was being recommended for the claimant's left knee. A previous report dated 6/13/13 indicated that the claimant wished to avoid surgical process as long as he could, but it is now being recommended for further intervention. There is a previous request in this case for the use of a BioniCare knee device with supplies. Further documentation of records indicates tricompartmental osteoarthrosis on radiographs.

IMR ISSUES, DECISIONS AND RATIONALES

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

BioniCare knee device: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Bionicare® knee device.

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of a Bionicare knee device would not be indicated. Official Disability Guidelines criteria indicate that Bionicare knee devices are recommended as an option in patients for therapeutic exercise program with osteoarthritis who may be candidates for arthroplasty but wish to defer surgery. The records in this case indicate severe osteoarthritic change with failed conservative care for which operative arthroplasty was recommended at the time of 11/6/13 assessment. Given documentation that this claimant is to proceed with operative discussion, the role of this conservative device for osteoarthritic symptoms would, thus, not be supported

Condyle pad: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Bionicare® knee device.

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of a supply for the Bionicare device would not be indicated as the device itself has not yet been supported.

Lower liner: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Bionicare® knee device.

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of a supply for the Bionicare device would not be indicated as the device itself has not yet been supported.

Suspension Wrap: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Bionicare® knee device.

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of a supply for the Bionicare device would not be indicated as the device itself has not yet been supported.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Bionicare® knee device.

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of a supply for the Bionicare device would not be indicated as the device itself has not yet been supported.