

Case Number:	CM13-0062473		
Date Assigned:	12/30/2013	Date of Injury:	07/09/2013
Decision Date:	04/11/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/06/2013

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 Occupational 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 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:

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of July 9, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; x-rays of the injured knee, apparently notable for arthritis of the same; and work restrictions. In a Utilization Review Report of November 12, 2013, the claims administrator denied a request for BioniCare brace. The utilization review denial report stated that the BioniCare device was no more effective than a TENS unit and that the applicant should therefore employ a TENS unit. The applicant's attorney subsequently appealed. A doctor's first report of October 21, 2013 is notable for comments that the applicant is 67 years old, sustained a slip and fall injury, has swelling and pain about the injured knee with a positive McMurray maneuver. X-rays demonstrate severe medial compartment arthritis and severe patellofemoral arthritis, it is stated. A BioniCare knee brace, physical therapy, and MRI of the shoulder are sought while the applicant is returned to work with a rather proscriptive 5-pound lifting limitation. It is noted that the doctor's first report is with a new attending provider to whom the applicant has transferred care after having become represented; the applicant earlier received care elsewhere.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIONICARE KNEE BRACE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary updated 6/7/13, BioniCare Knee device and TENS (transcutaneous electrical nerve stimulation)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter, BioniCare Knee Device topic

Decision rationale: The MTUS does not address the topic of the BioniCare knee brace. As noted in the ODG Knee Chapter BioniCare Knee Device topic, BioniCare knee devices are "recommended" as an option for applicant's in a therapeutic exercise program for arthritis of the knee who may be candidates for a total knee arthroplasty who wish to defer surgery. After four years, ODG notes that 65% of the BioniCare group had deferred a total knee arthroplasty while only 35% of the group who had not had the BioniCare device had in fact deferred surgery. In this case, the applicant is described as having severe multicomparmental arthritis about the knee. She has tried and failed other conservative treatments including, time, medications, and physical therapy. Given the failure of other first-line treatments, the advanced arthritic changes noted on knee x-ray imaging, and the favorable ODG recommendation, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.