

<b>Case Number:</b>	CM14-0007236		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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 patient is a 50-year-old female who has submitted a claim for internal derangement of the bilateral knees associated with an industrial injury date of January 13, 2010. The patient complains of bilateral knee pain rated 6-7/10. Physical examination showed some weakness with knee flexion graded 4/5. Electrodiagnostic studies of both lower extremities done on December 14, 2012 showed normal H-reflex and F wave latencies by tibial nerve stimulation bilaterally, and normal F wave latencies by perineal nerve stimulation bilaterally. The diagnosis is status post internal knee derangement with meniscus surgeries. Treatment plan includes a request for Bionicare knee brace. This is a knee brace with a TENS garment built in as well as a TENS unit. Treatment to date has included oral and topical analgesics, muscle relaxants, bilateral knee surgery and physical therapy. Utilization review from December 17, 2013 denied the request for Bionicare Knee Brace System because the guideline criteria for the use of knee braces were not met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BIONICARE KNEE BRACE 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, Chapter Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Form-fitting TENS device Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter: BioniCare knee device.

**Decision rationale:** Page 116 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that form-fitting TENS device is only considered medically necessary when there is documentation that a large area requires stimulation where conventional system cannot accommodate; that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system; or the TENS unit is to be used under a cast (as in treatment for disuse atrophy). ODG recommends BioniCare knee device as an option for patients in a therapeutic exercise program for osteoarthritis of the knee, who may be candidates for total knee arthroplasty (TKA) but want to defer surgery. In this case, there was no discussion concerning contemplated TKA in this patient. There was also no evidence of current participation in a therapeutic exercise program. The guideline criteria were not met. Furthermore, it was unclear as to why a conventional TENS would not suffice for treatment. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Bionicare knee brace system is not medically necessary.