

<b>Case Number:</b>	CM14-0009098		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	07/15/2009
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 15, 2009. 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; multiple left knee surgeries in 2010, 2012, and 2013, ultimately culminating in a total knee arthroplasty and revision total knee arthroplasty; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated December 26, 2013, the claims administrator denied request for a BionCare knee system, citing non-MTUS Third Edition ACOEM Guidelines which he had erroneously labeled as originating from the MTUS and ODG Guidelines on knee braces. The claims administrator stated that there was no documentation of any significant objective limitations to the knee which would support need of the brace. The claims administrator's rationale was highly templated and contained no reference to the cited guidelines. The applicant's attorney subsequently appealed. A November 21, 2013 progress note was notable for comments that the applicant reported bilateral knee pain. Opioid therapy with morphine and Dilaudid was only generating incomplete relief. The applicant was given a topical compounded ketoprofen containing cream. The applicant was given a diagnosis of bilateral knee arthritis and asked to employ crutches to facilitate movement. Oral Celebrex was also endorsed. It was stated that a BionCare knee system could be employed to improve the applicant's pain levels, reduce medications, improve function, and potentially help to obviate the need for further knee surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BLONICARE KNEE SYSTEM RIGHT KNEE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: KNEE COMPLAINTS, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENT MEDICINE (ACOEM), 13, 339

**Decision rationale:** The device in question represents a form of TENS stimulation. While the MTUS Chronic Pain Medical Treatment Guidelines do not specifically address the topic of TENS therapy for knee arthritis, the MTUS Guideline in ACOEM Chapter 13, page 339 does suggest that TENS units may be beneficial in applicants with chronic knee pain. It is further noted that the ODG Knee Chapter BioniCare Knee Device topic states that BioniCare knee devices are recommended as an option for applicants in a therapeutic exercise program for arthritis of the knee who may be candidates for total knee arthroplasty but wish to defer surgery. In this case, the applicant apparently wishes to defer a right knee surgery. The applicant has tried, exhausted, and failed a variety of other operative and non-operative options for bilateral knee pain, including multiple failed left knee surgeries, long-acting opioids, short-acting opioids, crutches, etc. The proposed BioniCare knee system may therefore be beneficial here, given the failure of numerous other operative and non-operative treatment options and is seemingly endorsed both for the purpose of chronic knee pain/knee arthritis both by ACOEM and ODG. Therefore, the request for BioniCare knee system for right knee is medically necessary and appropriate.