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| <b>Case Number:</b>   | CM14-0104020 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 09/04/2012 |
| <b>Decision Date:</b> | 09/26/2014   | <b>UR Denial Date:</b>       | 06/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/07/2014 |

### 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 Family 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 injured worker is a 37 year old male with complaints of bilateral knee pain. The utilization review dated 06/19/14 resulted in a denial for a bilateral knee BionCare device as insufficient information had been submitted confirming the injured worker's completion of all therapeutic exercise programs. The clinical note dated 05/16/14 indicates the injured worker having been recommended to continue with acupuncture treatments. The clinical note dated 06/23/14 indicates the injured worker complaining of right knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Bilateral Knee BionCare VQ:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation), Knee and Leg Procedure Summary (updated 6/5/14).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, BionCare® knee device.

**Decision rationale:** The request for a bilateral knee BionCare VQ is not medically necessary. The documentation indicates the injured worker complaining of bilateral knee pain. BionCare knee devices are indicated as an option for injured workers involved in a therapeutic exercise program when the injured worker has been diagnosed with osteoarthritis at the knee and the injured worker has been identified as a candidate for a TKA whereas the injured worker wants to defer surgery. No information was submitted regarding the injured worker's confirmation of osteoarthritis at both knees. Additionally, it is unclear if the injured worker has been recommended and is a legitimate candidate for a total knee arthroplasty as the injured worker is currently 37 years of age whereas TKA candidates are generally older than 50. No information was submitted regarding the injured worker's ongoing therapeutic treatments addressing both knees. Given these factors, the request is not medically necessary.