

Case Number:	CM14-0105814		
Date Assigned:	07/30/2014	Date of Injury:	12/28/2011
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 39-year-old who reported injury on 12/28/2011. The mechanism of injury was a slip and fall where the injured worker fell forward landing on her right arm and left knee. The diagnoses were noted to include cervical spine disc bulge, thoracic spine strain, lumbar spine disc rupture, bilateral shoulder derangement, bilateral carpal tunnel syndrome and left knee and foot strain. The injured worker underwent MRIs and therapy. The medications included Cyclobenzaprine, Norco 10/325 mg and Gabapentin 300 mg 1 by month 3 times a day and Orphenadrine 100 mg 1 to 2 at bedtime. There was no Division of Workers' compensation DWC form, Request for Authorization RFA or Primary Treating Physician's Progress Report PR2 submitted indicating what components for the Bionicare System were being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supplies for Bionicare System for Knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Comp, Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.vqorthocare.com/products/bionicare-knee-system/>.

Decision rationale: Per the VQOrthoCare.com website Bionicare is recommended as an adjunctive therapy to reduce the level of pain and symptoms associated with osteoarthritis of the knee and for overall improvement of the knee as assessed by the physician's global evaluation. The clinical documentation submitted for review failed to provide documentation of a necessity for the requested service. There was no documented rationale. There was no Division of Workers' compensation DWC, Request for Authorization RFA or Primary Treating Physician's Progress Report PR2 submitted for the requested supplies. Additionally, the request as submitted failed to indicate what supplies were being requested. There was lack of documentation of objective functional benefit. Given the above, the request for supplies for Bionicare System for knees is not medically necessary.