MAXIMUS Federal Services

| Case Number: | CM14-0106830 | | |
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| Date Assigned: | 09/16/2014 | Date of Injury: | 04/13/2006 |
| Decision Date: | 12/24/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/10/2014 |

## 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:

This 66-year old deputy sheriff reported injuries to his left knee and low back after a slip on 4/13/06. He has apparently also reported work-related asthma, hypertension, heart disease, sleep apnea, and weight gain, as well as several other orthopedic injuries. It is not possible to determine from the available records which problems have been determined to be work-related and are still being treated. The records available contain two QME reports and no other clinical information. All information contained in this report was obtained from the QME reports, or from the UR report dated 6/27/14. The UR report makes reference to several progress notes from the primary physician, none of which are available to me. Treatment for the patient's left knee and back injuries has included a knee surgery in 2007 and lumbosacral epidural steroid injections. The patient was "medically retired" at age 60. According to the 6/27/14 UR report, a 5/27/14 progress note from the primary provider contained limited clinical information, and no documentation of subjective complaints or objective findings. Requests were made for chiropractic treatment for the low back, Synvisc injections for the left knee, for a left knee Bionicare brace and for an IF unit and supplies. No rationale for these requests is documented in the UR report, and presumably none was documented in the original progress note. My records contain a handwritten prescription for a left Bionicare knee brace and IF unit, signed 5/27/14. No rationale for the equipment is documented on the prescription. The request for IMR, presumably generated by the primary physician, lists a single ICD9 code as the diagnosis from the request. It is 722.10, or lumbar disc displacement without myelopathy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Bionicare Knee Brace:** 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): Bionicare (See also TENS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340,346,Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 10. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UptpDate, an online evidence-based review service for clinicians (www.uptodate.com), Nonpharmacologic therapy for osteroarthritis

**Decision rationale:** The MTUS Chronic Pain Guidelines do not specifically address knee braces. However, per page 10 of the Guidelines, when a patient is diagnosed with chronic pain and the treatment for the condition is covered in the clinical topics sections but is not addressed in the chronic pain medical treatment guidelines, the clinical topics section applies to that treatment. According to the clinical topics citations from ACOEM, a knee brace can be used for patellar instability, ACL tear, or MCL instability. A brace would usually be needed if the patient will be stressing the knee under load, such as climbing or carrying. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. Page 346 recommends short duration immobilization after acute injury, and functional bracing as part of rehab program. Prophylactic bracing or prolonged bracing for anterior cruciate ligament deficiency are not recommended. The Up-to-date reference states that it is important to carefully assess the patient. It is essential to correctly determine the cause of signs and symptoms at the target joint, sine pain and symptoms in a particular area may be referred from another site. Valgus bracing of the knee can reduce pain and can improve function in patients with osteoarthritis of the knee that primarily affects the medial compartment. Some patients get relief from a simple knee sleeve, which is a less cumbersome and costly alternative. Exercise and physical therapy as well as weight loss improve pain and functional outcome in osteoarthritis. The clinical information in this case does not support the provision of a Bionicare knee brace to this patient. There is no documented careful evaluation of the patient's knee pain to determine if any of it is referred. He is apparently obese, and it is not clear whether or not weight loss has been attempted. There is no information about any ongoing exercise program. Since the only diagnosis recorded in the records by the primary physician involves the low back, it is completely unclear what knee diagnosis is being treated. If the patient has osteoarthritis that primarily involves the medial compartment of the knee, he might benefit from valgus bracing, which the Bionicare brace does not appear to provide. For most other diagnoses, prolonged knee bracing or bracing in the absence of an exercise program is not indicated. According to the evidence-based citations above and the clinical information provided for my review, a Bionicare brace for the left knee is not medically necessary.

**Interferential Unit and Supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment, Interfential Current Stimulator (ICS) Page(s): 118-120.

**Decision rationale:** According to the MTUS guideline above, IF units are not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine:- Pain is ineffectively controlled due to diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.).If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement; less reported pain and evidence of medication reduction. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. The clinical findings in this case do not support the provision of an IF unit to this patient. He is not working, and there is no evidence that he is involved in an exercise program. There is no documentation that he has been unresponsive to conservative measures. There is no documentation of a good response to a one-month trial of IF, as defined above. Based on the MTUS citation above and on the clinical documentation provided for my review, provision of an IF unit and supplies to this patient is not medically necessary.