

<b>Case Number:</b>	CM14-0010539		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/06/2013
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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:

This is a 51-year-old male with a 8/6/13 date of injury secondary to repetitive use. He was seen on 12/20/13 noting improved range of motion and flexibility to the low back after completing 12 aqua therapy sessions. He complained of pain in the left hip with limited motion. Exam findings revealed a positive straight leg raise, which elicited pain to the left thigh, positive Patrick and Faber's tests with left hip tenderness. A left thigh compressive brace was recommended to increase stability of the left hip joint. His diagnosis is left sacroiliac joint sprain, bilateral hip sprain with severe osteoarthritis of the left hip, lumbar sprain, left lower extremity radiculitis, and right wrist sprain. Treatment to date: aqua therapy, medications. A UR decision dated 1/3/14 denied the request given there was insufficient documentation to warrant authorization of the left thigh compressive device for the patient's current condition. The request for a Bionicare knee device was denied given there was no documentation indicating the patient has osteoarthritis of the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE LEFT THIGH COMPRESSION DEVICE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Compression garments.

**Decision rationale:** CA MTUS does not address this issue. ODG states that compression garments are recommended and are effective in the management of telangiectasias after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT); and at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. The patient has a diagnosis of left hip sprain and the garment was meant to provide stability of the left hip. However, compression devices are not recommended for such a diagnosis. In addition, there is no randomized controlled trial demonstrating any long term efficacy of a thigh compression device in SI joint stability. Therefore, the request for a left thigh compression device was not medically necessary.

**ONE BIONICARE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic).

**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, Bionicare knee device.

**Decision rationale:** CA MTUS does not address this issue. ODG states that the bionicare knee device is recommended 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. There is no documentation that this patient has osteoarthritis of the knee, nor is such a diagnosis mentioned in the documentation provided. There are no documented knee complaints, or any discussion that the patient is candidate for a TKA. Thus, the rationale for this device is unclear. Therefore, the request for a bionicare device was not medically necessary.