

Case Number:	CM14-0110052		
Date Assigned:	08/01/2014	Date of Injury:	03/14/2012
Decision Date:	10/16/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/15/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 58-year-old female was reportedly injured on March 14, 2012. The mechanism of injury was noted as a soft tissue strain. The most recent progress note, dated June 12, 2014, indicated that there were ongoing complaints of low back, bilateral hips, bilateral knee, gastric distress, depression and anxiety. The physical examination demonstrated a 5'7" 214 pound individual in no acute distress. A decrease in lumbar spine range of motion was noted. There was some tenderness to palpation. Motor function was described as 5/5 throughout both lower extremities. There was a trace patellofemoral tenderness and crepitus noted. Diagnostic imaging studies objectified no acute osseous abnormalities. Previous treatment included physical therapy, aerobic therapy, acupuncture, multiple medications, a bionic knee wrap electric stimulator, and other pain management interventions. A request had been made for durable medical equipment and was not certified in the pre-authorization process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bionicare unit with night wrap, electrodes, and supplies for the right knee: 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 chapter, updated September 2014

Decision rationale: As noted in the ODG (MTUS and ACOEM guidelines do not address), this device can be recommended as an option for patients in a therapeutic exercise program. This is for the treatment of osteoarthritis. There is no diagnosis of osteoporosis presented. Furthermore, this injured worker is not in a therapeutic exercise program, continues to be morbidly obese, and the prior use of this device did not demonstrate any efficacy or utility in terms of increased functionality or decrease in pain medication. Therefore, based on the clinical information presented for review ,the medical necessity cannot be established.