

<b>Case Number:</b>	CM14-0122904		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/23/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 43-year-old female was reportedly injured on February 23, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 25, 2014, indicates that there are ongoing complaints of low back pain. There was stated to be relief from a previous lumbar spine rhizotomy procedure. No apparent physical examination was performed. Diagnostic imaging studies were not reviewed during this visit. There were also apparently previous complaints of right wrist pain and right knee pain. A previous physical examination of the right knee indicated tenderness and mild swelling at the medial aspect of the knee and the peripatellar region. There was range of motion from 0 to 120 with crepitus. Previous treatment includes a lumbar facet rhizotomy and home exercise. A request had been made for a Bionicare knee system and Synvisc injections for the right knee and was not certified in the pre-authorization process on July 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 BIONICARE KNEE SYSTEM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, BIONICARE KNEE DEVICE.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Knee Braces, Updated August 25, 2014.

**Decision rationale:** According to the Official Disability Guidelines a prefabricated offloading knee brace is indicated for osteoarthritis of the knee. However there is no documentation in the attached medical records of any objective studies indicating knee osteoarthritis. Therefore without justification, this request for a Bionicare knee system is not medically necessary.

**1 SERIES OF 3 SYNVISIC INJECTIONS TO THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 855 AND 912.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ), Knee and Leg, Hyaluronic Acid Injections, Updated August 25, 2014.

**Decision rationale:** According to the Official Disability Guidelines hyaluronic acid injections are indicated for severe osteoarthritis for individuals with no response to other conservative treatments. However a review of the attached medical record does not indicate any objective studies indicating knee osteoarthritis. Therefore this request for three Synvisc injections for the right knee is not medically necessary.