

<b>Case Number:</b>	CM14-0144559		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/12/2006
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Practice and is licensed to practice in Texas and Mississippi. 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 51-year-old female with a reported injury on 10/12/2006. The mechanism of injury was lifting a person to prevent a fall. The injured worker's diagnoses included cervical spine sprain, lumbar spine strain, right shoulder strain, right hip surgery (2010), left hip strain, right knee surgery (2010), right foot strain, and left foot strain. The injured worker's previous treatments included medications, physical therapy, a ganglion block, a cane, and Synvisc injections. No documentation of prior diagnostic testing was provided. The injured worker's surgical history included right hip and right knee surgeries in 2010, which were unspecified. The injured worker was evaluated on 07/23/2014 for new onset left knee pain. The injured worker also complained of pain to the neck, lower back, right shoulder, right hip, left hip, right knee, right foot, and left foot. The injured worker also reported a new onset of loss of bladder control, which started a week prior to the visit. The injured worker reported that the left knee pain started approximately a month prior to the visit due to overcompensating for her right industrial knee pain. The clinician reports that light touch sensation is intact to the mid anterior right thigh, mid lateral calf on the right, and right lateral ankle. The injured worker was evaluated on 08/12/2014 for right hip and thigh pain. The clinician indicated that the injured worker had had an x-ray and an MRI. The clinician observed and reported tenderness over the right hip joint and decreased range of motion at the right hip. The injured worker's medications included Motrin 800 mg 3 times per day, Colace 100 mg twice per day, Roxicodone 30 mg every 4 hours, Cimetidine 400 mg twice per day, Neurontin 600 mg 3 times per day, Anaprox 550 mg twice per day, Soma 350 mg 3 times per day, and Xanax 2 mg twice per day. The request was for Right Knee Brace Bionicare Knee System. The rationale for this request was for right knee stabilization. The Request For Authorization form was submitted on 07/23/2014 and 06/11/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Brace Bionicare Knee System:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability 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, BioniCare knee device

**Decision rationale:** The request for Right Knee Brace Bionicare Knee System is not medically necessary. The injured worker continued to complain of right and left knee pain. The Official Disability Guidelines recommend Bionicare knee device as an option for patients in a therapeutic exercise program for osteoarthritis of the knee who may be candidates for total knee arthroplasty but want to defer surgery. The provided documentation did not indicate a diagnosis of osteoarthritis or a recommended total knee arthroplasty. Therefore, the request for Right Knee Brace Bionicare Knee System is not medically necessary.