

Case Number:	CM14-0028035		
Date Assigned:	06/16/2014	Date of Injury:	02/13/1995
Decision Date:	07/22/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/05/2014

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 Physical Medicine and Rehabilitation 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:

The patient is a 79 year old male who was injured on 02/13/1995. The mechanism of injury is unknown. Prior medication history included Norco, Trolamine salicylate. He has been treated conservatively with physical therapy, acupuncture, and steroid injections. Diagnostic studies reviewed include x-ray of the right knee revealed severe osteoarthritis. Progress report dated 02/04/2014 indicated the patient complained of pain in blt knees with buckling, giving way and weakness. On exam, he had swelling at the peripatellar. There was atrophy bilaterally. The left knee was nontender. Diagnoses are right knee severe tricompartmental syndrome. Prior utilization review dated 02/24/2014 documented the request for bilateral off the shelf single upright brace with bilateral bionicare knee device with supplies is partially certified for 6 months of supplies. The request for [REDACTED] weight loss program, qty: 10 weeks is denied as there has been no documented weight loss or treatment log showing evidence of failed weight loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL OFF THE SHELF SINGLE UPRIGHT BRACE WITH BILATERAL BIONICARE KNEE DEVICE WITH SUPPLIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, BionicCare Knee device.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Bionicare knee device.

Decision rationale: CA MTUS guidelines do not specifically discuss the issue in dispute and hence ODG have been consulted. This patient is noted to have severe OA in the both knees; tri-compartments DJD. There is evidence of reasonable trial and failure of conservative management such as physical therapy, acupuncture and steroid injections. Therefore, the medical necessity of upright knee brace for the both knees is established. Regarding Bionicare, there is limited peer reviewed clinical based evidence to demonstrate its long term efficacy and benefit in patients with severe knee OA, who are surgical candidates. As such, the medical necessity of this device is not established at this time.

WEIGHT LOSS PROGRAM, QTY: 10 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: There is limited evidence in the peer reviewed studies to demonstrate the effectiveness of weight loss programs in patients with morbidly obesity. Furthermore, there is no documentation of a log indicating that the patient has failed weight reduction in an independent dietary and physical activity program in this patient. Therefore, the medical necessity of the requested service is not established.