

Case Number:	CM14-0034047		
Date Assigned:	06/20/2014	Date of Injury:	12/04/2003
Decision Date:	12/17/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/18/2014

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 Pain Management, has a subspecialty in Anesthesiology and is licensed to practice in Texas and Florida. 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 59 year old female who was injured on 12/4/2003. The diagnosis is right knee osteoarthritis. The past surgery history is significant for multiple right knee arthroscopies. The patient had completed cortisone and Synvisc injections of the right knee. On 2/3/2014, [REDACTED] indicated the Synvisc injections and Bionicare system was being started at the same time. The note was hand written and illegible. The X-ray of the right knee was noted to show moderate to severe degenerative joint disease. There was objective finding of right knee crepitus, joint tenderness, decreased range of motion and positive McMurray's and grind tests. The medications are Fentanyl patch and Vicodin for pain and Zanaflex for muscle spasm. A Utilization Review determination was rendered on 2/13/2013 recommending non certification for Right knee Bionicare knee system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee 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 (ODG), Knee and Leg Chapter, Bionicare

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Knee and Leg Chapter.

Decision rationale: The California MTUS did not address the use of bionicare for the management of severe knee arthritis. The Official Disability Guidelines (ODG) guidelines recommend that bionicare can be utilized with a therapeutic exercise program for patient who wants to defer total knee arthroplasty surgery. The mechanism of action of bionicare is thought to be a combination of TENS, brace and possible cartilage stimulation. The records did not indicate that the patient is participating in a therapeutic exercise program. The patient received a series of 3 Synvisc injections on the same right knee. There is no post injections evaluation report documenting the effects of the Synvisc injections to determine the necessity for the use of bionicare on the right knee. The records did not indicate that a right total knee arthroplasty is being planned. The criteria for the use of right knee bionicare knee system was not met.