

Case Number:	CM14-0039656		
Date Assigned:	06/30/2014	Date of Injury:	09/05/2012
Decision Date:	08/14/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/04/2014

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 Family Practice, 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:

This 60 yr. old female claimant sustained a work injury on 9/5/12 involving the neck shoulder, low back and both knees. She was diagnosed with adhesive capsulitis of the left shoulder, left shoulder impingement and degenerative disease in the knees. Prior to the injury, he had a right knee arthroscopy for a meniscal tear. A progress note in November 2013 indicated she might require shoulder subacromial decompression. A progress note on 2/28/14 indicated she had a positive McMurray;'s sign in the right knee and joint line tenderness and crepitus with flexion. The treating physician requested Bionicare knee brace unit and supplies. Her old one had broken down.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bionicare Night Wrap System: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: According to the ACOEM guidelines, knee braces are not recommended. Short period of immobilization or night wraps after the injury may be appropriate. The claimant's injury was a few years prior to the request. In addition, the claimant had used one in the past. The request for a knee brace is not medically necessary and prolonged bracing is not recommended.

Bionicare Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: Since the Bionicare knee brace is above is not medically necessary, its supplies are also not medically necessary.

Bionicare Care Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: According to the ACOEM guidelines, knee braces are not recommended. Short period of immobilization after the injury is recommended. The claimant's injury was a few years prior to the request. In addition, the claimant had used one in the past. The request for a Bionicare unit is not medically necessary and prolonged bracing is not recommended.