

<b>Case Number:</b>	CM14-0044997		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/02/1998
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 71-year-old female was reportedly injured on January 2, 1998. The mechanism of injury was noted as a slip and fall event. The most recent progress note, dated May 30, 2014, indicated that there were ongoing complaints of bilateral knee pains. The physical examination demonstrated that a single point cane was required for ambulation. There was no varus or valgus deformity of either knee. There was tenderness to palpation of both knees. Range of motion was noted to be limited and a positive McMurray's was reported. Diagnostic imaging studies were suggested to determine if the knee arthroplasty has loosened. Previous treatment included lumbar fusion surgery, lumbar laminectomy in 2007 and right total knee arthroplasty. A request was made for a knee brace and was not certified in the pre-authorization process on March 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Brace with 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, Bionicare 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 Chapter (updated June 2014).

**Decision rationale:** This is a morbidly obese individual who has undergone right total knee arthroplasty. Given the surgical intervention, there was no noted osteoarthritis involving the right knee. As such, this type of bionicare knee brace is not clinically indicated. As noted in the Official Disability Guidelines (ODG), this type of device is a possible option of therapy exercise for those wishing to stave off total knee arthroplasty. In the event the arthroplasty surgery has been completed, this is not medically necessary.