MAXIMUS Federal Services

Case Number:	CM14-0048113		
Date Assigned:	07/02/2014	Date of Injury:	06/03/2013
Decision Date:	08/26/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/16/2014

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 Occupational Medicine 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 55-year-old male who has submitted a claim for bilateral knee internal derangement associated with an industrial injury date of 06/03/2013.Medical records from 08/13/2013 to 04/01/2014 were reviewed and showed that patient complained of constant, sharp stabbing bilateral knee pain(grade not specified) with numbness and tingling to feet. The pain was aggravated by sitting and bending. Physical examination of bilateral knees revealed tenderness upon palpation along the medial and lateral joint lines with soft tissue swelling. Muscle atrophy was noted along the medial aspect of the left quadriceps. Crepitus was noted with ROM. Anterior and posterior drawer tests, collateral laxity, and McMurray's test were all negative bilaterally. X-ray of the bilateral knees dated 10/15/2013showed degenerative marginal osteophyte of the medial aspect of the intercondylar eminence of the tibia. Right knee MRI dated 09/09/2013 revealed tricompartmental osteoarthritic changes with possible tear of the posterior horn of the medial meniscus. Left knee MRI dated 09/09/2013 revealed tricompartmental osteoarthritic changes with possible tear of the anterior horn of the lateral meniscus.Treatment to date has included intra-articular injection, right knee (10/22/2013) and left knee (11/20/2013), physical therapy, and pain medications.Utilization review dated 04/02/2014 denied the request for left Bionicare Unit Knee Device E0762. However, the rationale was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Bionicare Unit Knee Device: 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), - Treatment for Workers' Compensation, Online Edition, Chapter: Knee & Leg - BioniCare Knee Device.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Form-fitting TENS device Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Bionicare Knee Device.

Decision rationale: Page 116 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that form-fitting TENS device is only considered medically necessary when there is documentation that a large area requires stimulation where conventional system cannot accommodate; that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system; or the TENS unit is to be used under a cast (as in treatment for disuse atrophy). ODG recommends 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 (TKA) but want to defer surgery. In this case, there was no discussion concerning contemplated TKA for the patient. There was no evidence of medical conditions that prevent the use of a traditional system. The patient did not meet the guidelines criteria for bionicare use. Therefore, the request for Left Bionicare Unit Knee Device E0762 is not medically necessary.

3 Month Supply Bionicare 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 (ODG), - Treatment for Workers' Compensation, Online Edition, Chapter: Knee & Leg - BioniCare Knee Device.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.