

<b>Case Number:</b>	CM14-0076417		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/06/2011
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 56-year-old female with an 11/8/11 date of injury. According to a handwritten and largely illegible progress note dated 7/16/14, the patient has been using a Bionicare brace, and it has been helping with pain and activities of daily living. Objective findings: lumbar spine tenderness, limited range of motion, thoracic spine tenderness. Diagnostic impression: left knee contusion/sprain, thoracic/lumbar sprain/strain, status post left knee scope. Treatment to date: medication management, activity modification, bracing, home exercise program. A UR decision dated 5/23/14 denied the request for Bionicare unloader brace, left knee. The records provided for review do not document a history of ongoing symptomatic complaint, objective exam findings, or diagnostic results consistent with osteoarthritis, nor is there evidence that the patient is a candidate for arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bionicare unloader brace, left knee:** 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 & Leg (Acute & Chronic)

**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 - Bionicare Knee Device

**Decision rationale:** CA MTUS does not address this issue. Recommended by ODG 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. This device received FDA approval as a TENS device, but there are additional claims of tissue regeneration effectiveness and studies suggesting the possibility of deferral of TKA with use of the Bionicare device. However, in the present case, there is no documentation that this patient has a diagnosis of osteoarthritis of the knee. In addition, there is no documentation that he is a candidate for total knee arthroplasty. A specific rationale identifying why this device is required in this patient was not provided. Therefore, the request for Bionicare unloader brace, left knee was not medically necessary.