

Case Number:	CM14-0082712		
Date Assigned:	07/21/2014	Date of Injury:	07/30/2012
Decision Date:	08/29/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/04/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 63-year-old female who reported an injury on 07/30/2012 due to getting her foot stuck between a carpet and the ground, and she turned and twisted her knee. Diagnoses for the injured worker were sprain of unspecified site knee and leg, unspecified site of ankle sprain, chondromalacia of patella, and osteoarthritis localized primary involving lower leg. Past treatments were physical therapy, 10 sessions of biofeedback, and chiropractic care. Past surgical history was arthroscopic surgery of the right knee. Physical examination on 04/09/2014 revealed complaints of left knee pain. Examination of the left knee revealed limited range of motion and crepitus with grind. Treatment plan was to obtain left knee x-ray, Synvisc injections of the left knee, and Bionicare knee device. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Bionicare Knee Device, OActive Knee Brace, Condyle Pad, Lower and Upper Liner, Suspension Wrap, Non-Corrosive Finish and Bionicare Supply Kits for the Management of Symptoms related to Left Knee Injury: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Knee>; Table 2, Summary of Recommendations, Knee Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339-340.

Decision rationale: The request for purchase of a Bionicare Knee Device, OActive Knee Brace, Condyle Pad, Lower and Upper Liner, Suspension Wrap, non-corrosive finish and Bionicare Supply Kits for the management of symptoms related to left knee injury is not medically necessary. The California ACOEM, states a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability, although it's benefits may be more emotional (I.E., increasing the patient's confidence) than medical. Usually, a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The document submitted for review was very illegible and the copy quality was poor. Pertinent information may have been missed. Due to the illegible documents submitted and the guidelines recommendations, the request is not medically necessary.