

Case Number:	CM14-0105391		
Date Assigned:	07/30/2014	Date of Injury:	10/12/2006
Decision Date:	01/26/2015	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/08/2014

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 Rehab, has a subspecialty in Interventional Spine 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 52 year old female with the injury date of 10/12/06. Per physician's report 09/02/14, the patient has pain in his right hip and right thigh, from an auto vehicle accident, at 8-9/10. The patient describes the right hip pain as constant, throbbing and ache that radiates to the right groin and to the right knee. The patient reports that her right hip pain has been worsen and she can't perform daily activities. The patient has weakness in her right leg, which makes it difficult for her to ambulate without risk of falling. The patient has had physical therapy. The patient is taking narcotics and anti-inflammatories. The diagnosis is hip and thigh injury not otherwise specified (NOS). Per 08/12/14 progress report, the patient has the same pain in her right hip and right thigh, at 8-9/10. The patient remains off work for 6 weeks. The patient reports having right knee pain as well as left knee pain. The patient had a right knee surgery in 2010 and right hip surgery in 2010. The Utilization Review determination being challenged is dated 06/24/14. Treatment reports were provided from 12/18/13 to 09/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bionicare knee system with three months supplies, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Knee and Leg Chapter, Criteria for the use of TENS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter, Bionicare knee device

Decision rationale: The patient presents with pain and weakness in her right hip, right knee and right leg. The patient is status post right knee surgery in 2010. The request is for Bionicare Knee System with 3 months supplies for the right knee. The review of the reports does not show the patient has tried Bionicare knee system in the past. The MTUS and ACOEM Guidelines do not specifically discuss Bionicare. However, Official Disability Guidelines under the Knee chapter has the following regarding Bionicare knee device, "recommended as an option for patients in a therapeutic exercise program for osteoarthritis of the knee who may be candidates for total knee arthroplasty 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 the use of the Bionicare device." In this case, the provider does not indicate why Bionicare is needed. None of the reports discuss the patient's osteoarthritis in her right knee or surgical planning for total knee arthroplasty. Furthermore, for a TENS unit, MTUS guidelines require one-month trial before a home unit is allowed. Therefore, the request is not medically necessary.