

Case Number:	CM14-0180752		
Date Assigned:	11/05/2014	Date of Injury:	03/02/2014
Decision Date:	03/16/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old female who reported an injury on 03/02/2014. The mechanism of injury was not submitted for review. The injured worker has diagnoses of left shoulder sprain/teno/bursitis/impingement, right knee sprain/PFA/osteoarthritis, and left wrist sprain/strain. Clinical treatment consists of injections and medication therapy. Medications consist of Norco 5/325 mg. On 07/07/2014, the injured worker underwent an ultrasound of the right knee, which revealed sprain of the medial collateral ligament. On 10/20/2014, the injured worker was seen on follow-up appointment in complaint of right knee popping/clicking. The injured worker rated the pain at a 7/10 with medication and an 8/10 to 9/10 without. Physical examination of the right knee revealed a flexion of 130 degrees and an extension of 0 degrees. There was also noted pain at the medial/lateral joint line. Medical treatment plan is for the injured worker to undergo injections with ultrasound guidance and have access to an unloader brace with BioniCare night wrap system. Rationale and Request for Authorization form 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:

Oactive OTS unloader knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Unloader braces for the knee.

Decision rationale: The request for Oactive OTS unloader knee brace is not medically necessary. The Official Disability Guidelines recommend unloader braces for the knee. Unloader braces are designed specifically to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee by bracing the knee in the valgus position in order to unload the compressive forces on the medial compartment. Several case series suggest that unloader braces appear to be associated with a reduction in pain in patients with painful osteoarthritis of the medial compartment. The study recommends that unloader knee brace for pain reduction in patients with osteoarthritis of the medial compartment of the knee. When an unloader brace was used with Bionicare stimulator and compared to the Bionicare only treatment, more patients achieved significant clinical improvement, at least 20%, with the unloader plus stimulator treatment than with stimulator alone. The submitted documentation dated 10/20/2014 indicated that the injured worker had pain to the right knee. However, there was no indication or diagnosis congruent with the above evidence based guidelines. Additionally, the report lacked pertinent objective physical findings pertaining to the right knee. Furthermore, there was no rationale submitted for review to warrant the request. Given the above, the request would not be indicated. As such, the request is not medically necessary.

Bionicare night wrap system: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Bionicare night wrap system is not medically necessary. The Official Disability Guidelines recommend the use of this device 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. Outcomes are better with an unloader brace, used with Bionicare, than with Bionicare alone. The submitted documentation indicated that the injured worker had right knee pain. However, there was no indication of the injured worker being active in a therapeutic exercise program. Additionally, there was no evidence of the injured worker having a diagnosis congruent with the above evidence based guidelines. Furthermore, there was no indication of the injured worker being a candidate for total knee arthroplasty. Moreover, there was no rationale submitted for review to warrant the request, nor did the request as submitted specify which knee the system was for. Given the above, the request would not be indicated. As such, the request is not medically necessary.

Bionicare supplies x3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.