

Case Number:	CM15-0181969		
Date Assigned:	09/23/2015	Date of Injury:	08/30/2007
Decision Date:	10/27/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/15/2015

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on August 30, 2007. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical spine musculoligamentous sprain and strain with bilateral upper extremity radiculitis, lumbar spine musculoligamentous sprain and strain with bilateral lower extremity radiculitis and right sacroiliac joint sprain, bilateral shoulder strain-impingement-tendinitis-bursitis with left acromioclavicular joint spurs, bilateral wrist sprain with deQuervain's tenosynovitis, tendinitis, right carpal tunnel syndrome and bilateral knee sprain with patellofemoral arthralgia and patellar tendinitis. Notes stated that the injured worker has a history of non-industrial right knee surgery in 1994. Diagnostic studies of the right knee showed severe osteoarthritis and attenuation-thinning of the lateral meniscus. In evaluation report dated February 3, 2015, the injured worker was reported to have failed "conservative treatment" including physical therapy, chiropractic treatment, oral medication, and rest and home exercises. On July 20, 2015, examination of the right knee revealed tenderness over the lateral greater than medial joint lines. Patellofemoral crepitus was positive. Range of motion of the right knee was noted as flexion 105 degrees and extension 0 degrees. Right knee subjective complaints were not indicated in the report. The treatment plan included left shoulder consultation, follow-up visit and right knee BioniCare with lateral unloader. On August 17, 2015, utilization review denied a request for BioniCare with lateral unloader brace for right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bionicare with lateral unloader brace for right 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 Chapter, BioniCare knee device.

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 Knee/Unloader braces for the knee.

Decision rationale: BioniCare knee device is an FDA approved TENS device. According to the ODG it is 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. The ODG also states, outcomes are better with an unloader brace, used with BioniCare, than with BioniCare alone. The ODG states that 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. The medical record indicates this worker has right knee severe osteoarthritis lateral condyle with spur. While an unloader brace for osteoarthritis is appropriate for the medial knee, it is not indicated for the lateral knee. The request is not medically necessary.