

Case Number:	CM15-0209601		
Date Assigned:	10/28/2015	Date of Injury:	02/19/2008
Decision Date:	12/10/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/24/2015

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: Arizona, California

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 70 year old male who sustained an industrial injury on 02-19-2008. Medical records indicated the worker was treated for bilateral knee pain. In the provider notes of 09-17-2015, the injured worker complains of difficulty with weight bearing on his right knee and popping, initial weight bearing intolerable with a mistrust of the knee secondary to a near giveaway. He complains of constant moderate pain rated a 5-7 on a scale of 0-10. His left knee is status post total knee replacement 04-21-2010. The left knee has a pain level of 3-4 on a scale of 0-10 with pain that is characterized as mild. On examination of the right knee, there is swelling and warmth anteriomedially and tenderness to palpation of the medial joint line. Range of motion is 115-0 degrees. He has muscle weakness and a guarded gait. The provider notes that the worker has failed conservative treatment to right knee including medications, physical therapy, acupuncture, home exercise program, and activity modification including rest. The treatment plan is for Synvisc injections and an unloader brace. A request for authorization was submitted for: Bionicare knee system with unloader brace and Synvisc injection right knee series QTY 3. A utilization review decision on 10-13-2015 approved the Synvisc injection series, and non-approved the Bionicare knee system with unloader brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bionicare knee system with unloader brace: Overturned

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 Chapter.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 67.

Decision rationale: According to the guidelines, 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 knee braces appear to be associated with a reduction in pain in patients with painful osteoarthritis of the medial compartment. This study recommends the unloader (valgus) knee brace for pain reduction in patients with osteoarthritis of the medial compartment of the knee. When an unloader brace was used with the 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-only treatment. In this case, the claimant has crepitus and pain in the right knee. The claimant was diagnosed with compensatory arthritis of the right knee due to the left knee replacement. The request for the Bionicare system is medically necessary.