

<b>Case Number:</b>	CM15-0029337		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	05/29/2001
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: California

Certification(s)/Specialty: Emergency Medicine

### 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 73 year old female, who sustained an industrial injury on 5/29/2011. Details regarding the initial injury were not submitted for this review. The diagnoses have included rotator cuff syndrome, chondromalacia patellae, and shoulder sprain/strain. She was status post right knee arthroscopy and right shoulder surgery, dates unknown. Treatment to date has included medication therapy, physical therapy, Synvisc injection, cortisone injection and rest. Currently, the IW complains of bilateral shoulder pain and bilateral knee pain with popping. On 11/14, the physical examination documented knees were tender to palpation, with positive crepitus. The right shoulder was tender with positive crepitus. The plan of care included repeat Magnetic Resonance Imaging (MRI) for bilateral knee for meniscus tear due to concern for worsening conditions. On 2/2/2015 Utilization Review non-certified a Bionicare knee brace, six (6) weeks of home care (four hours a day for five days a week), and request for one (1) record review, noting the documentation did not support medical necessity. The ACOEM and ODG Guidelines were cited. On 2/18/2015, the injured worker submitted an application for IMR for review of Bionicare knee brace, six (6) weeks of home care (four hours a day for five days a week), and request for one (1) record review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bionicare for bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-6, page 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Knee brace.

**Decision rationale:** The requested Bionicare for bilateral knees is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Table 13-6, page 346 note that knee braces are "Recommended: Short period of immobilization after an acute injury to relieve symptoms; and Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Knee brace note "Knee brace: Recommended as indicated below. Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients, a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load." The injured worker has bilateral shoulder pain and bilateral knee pain with popping. On 11/14, the physical examination documented knees were tender to palpation, with positive crepitus. The right shoulder was tender with positive crepitus. The treating physician has not documented physical exam evidence of knee instability or the other criteria noted above. The criteria noted above not having been met, Bionicare for bilateral knees is not medically necessary.

**6 Weeks of home care 4 hours a day x 5 days a week:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual, Chapter 7, Home Health Services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 51, Home health services Page(s): 51.

**Decision rationale:** The requested 6 Weeks of home care, 4 hours a day x 5 days a week, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 51, Home health services, note that home health services are "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." The injured worker has bilateral shoulder pain and bilateral knee pain with popping. On 11/14, the physical examination documented knees were

tender to palpation, with positive crepitus. The right shoulder was tender with positive crepitus. The treating physician has not documented what specific home health services are being requested or their medical necessity. The criteria noted above not having been met, 6 Weeks of home care, 4 hours a day x 5 days a week is not medically necessary.