

Case Number:	CM15-0031038		
Date Assigned:	02/24/2015	Date of Injury:	09/04/2012
Decision Date:	04/06/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/19/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 38 year old male, who sustained a work/ industrial injury on 9/4/12. He has reported symptoms of low back pain and pain in both knees. Prior surgical history includes left knee surgery in 2007 and cervical spine surgery. Medical history included hypertension. The diagnoses have included left and right knee pain, s/p left knee surgery and cervical spine surgery. Treatments to date included medication, conservative measures, diagnostic testing, and prior surgery. Diagnostics included a Magnetic Resonance Imaging (MRI) of the cervical spine that demonstrated post surgical changes at C5-C6, C5-C6 3 mm left paracentral and left foraminal disc osteophyte complex which is resulting in narrowing of the lateral recess with abutment of the exiting left cervical nerve root and moderate narrowing of the left neural foramen. Medication list was not included. The treating physician's report (PR-2) from 5/14/14 indicated the IW complained of bilateral knee pain with difficulty walking and standing along with low back pain. Examination revealed tenderness over the right knee, limited range of motion to 0-126 degrees, and increased pain with McMurray's test bilaterally. The treating physician requested bilateral knee Bionicare. Synvisc was requested in 1/2015. On 1/23/15, Utilization Review non-certified a Purchase of Bionicare supplies refill times 6 for 3 months, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines; American College of Occupational and Environmental Medicine (ACOEM), Practice Guidelines, Chapter 13; and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Bionicare supplies refill times 6 for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Bionicare.

Decision rationale: Regarding the request for Bionicare, Occupational Medicine Practice Guidelines do not contain criteria for the use of Bionicare. ODG guidelines recommended Bionicare as an option for patients in a therapeutic exercise program for osteoarthritis of the knee, who may be candidates for total knee arthroplasty. Within the documentation available for review, there is no indication that the patient has osteoarthritis of the knee or is a candidate for total knee arthroplasty since it does not appear the patient has failed conservative treatment, as Synvisc was recently requested. In the absence of such documentation, the current request for Bionicare brace is not medically necessary.