

Case Number:	CM15-0045360		
Date Assigned:	03/17/2015	Date of Injury:	02/03/2014
Decision Date:	04/24/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/10/2015

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, Hawaii
 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 58 year old male, who sustained an industrial injury on 2/3/2014. He reported a low back and left knee injury after moving a heavy piece of metal. The injured worker was diagnosed as having right knee degenerative joint disease with right knee arthroscopy (12/2014). Treatment to date has included steroid injections surgery, physical therapy and medication management. Currently, a progress note from the treating provider dated 2/4/2014 indicates the injured worker reported intermittent right knee pain with popping and cracking.

IMR ISSUES, DECISIONS AND RATIONALES

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

VQ bionicare unloader brace/unload medial side for the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg.

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

Decision rationale: The patient presents with right knee degenerative disc joint disease with right knee arthroscopy (12/2014) along with current complaints of intermittent right knee pain with popping and cracking. The current request is for VQ bionicare unloader brace/unload medial side for the right knee. The BioniCare Knee System is indicated for use as an adjunctive therapy in reducing the level of pain and symptoms associated with osteoarthritis of the knee and for overall improvement of the knee as assessed by the Physician's Global Evaluation. The UR denied the request stating, specifications for the use of the requested brace are not submitted for this review (i.e. timing, frequency, and duration of use). The treating physician states on 2/4/15 (5B) In view of the fact that the arthroscopy shows a lot of degeneration on a medial side of the knee, the unloader brace will unload to the medial side of the knee and hopefully prevent wear on the medial side of the knee. I believe that without the unloader brace and the BioniCare, the patient is going to go on to a total knee replacement, quickly. I believe that the unloader brace with BioniCare will delay this surgery for an extended period of time. The Official Disability Guidelines state: Recommended. 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. ODG goes on to state: When an unloader brace was used with the BioniCare stimulator and compared to the BioniCare only treatment, more patients achieved significant clinical improvement. In this case, the treating physician has documented the medical need for the requested treatment. The current request is medically necessary and the recommendation is for authorization.