

Case Number:	CM14-0148620		
Date Assigned:	09/18/2014	Date of Injury:	06/24/2005
Decision Date:	11/07/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old gentleman with a date of injury of 06/24/2005. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes by [REDACTED] dated 04/11/2014, 05/09/2014, 06/09/2014, 07/07/2014, and 08/01/2014 indicated the worker was experiencing knee pain that was improved with the use of pain medicine and a brace with knee sleeves. The worker walked with a cane. Documented examinations consistently described no abnormal findings. The reviewed records concluded the worker was suffering from knee derangement and depression. Treatment recommendations included continued pain medicine, use of the worker's brace with knee sleeves, and a knee replacement when the worker's heart issues are controlled enough to minimize the risk. A Utilization Review decision by [REDACTED] was rendered on 08/13/2014 recommending non-certification for an OActive unloading knee brace and the bionicare knee system with three months of supplies. Addendum chart notes by [REDACTED] dated 07/16/2014 and 07/24/2014 were also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

OActive unloading knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee And Leg, (Acute And Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bionicare: Proven non-invasive treatment for OA. Brochure, VQ OrthoCare. http://www.bionicare.com/wp-content/uploads/2012/01/BioniCareMDBrochure_web.pdf

Decision rationale: The MTUS Guidelines recommend the use of knee braces for instability of the kneecap or specific ligaments in the knee, although the benefit is likely more by increasing the worker's confidence than medical. Bracing is generally helpful only if the worker is performing activities such as carrying boxes or climbing ladders; it is not necessary for the average worker. When bracing is required, proper fitting and combination with a rehabilitation program is required. The submitted documentation indicated the worker was experiencing knee pain that was helped with the use of pain medicine and a brace. Documented examinations described no objective abnormal findings. There was no discussion indicating the worker performed activities that caused a load on the knee or suggesting how or why a different brace would provide greater benefit. In the absence of such evidence, the current request for an OActive unloading knee brace is not medically necessary.

Bionicare knee system with 3 months of supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee And Leg, (Acute And Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bionicare: Proven non-invasive treatment for OA. Brochure, VQ OrthoCare. http://www.bionicare.com/wp-content/uploads/2012/01/BioniCareMDBrochure_web.pdf

Decision rationale: The MTUS Guidelines are silent on this specific issue in this clinical situation. The Bionicare knee system is indicated as a secondary supplemental treatment of symptoms due to osteoarthritis of the knee. The submitted documentation indicated the worker was experiencing knee pain that was helped with the use of pain medicine and a brace. Documented examinations described no objective abnormal findings. There was no discussion supporting the addition of this treatment to the worker's current treatment regimen. In the absence of such evidence, the current request for the Bionicare knee system with three months of supplies is not medically necessary.