

Case Number:	CM14-0160560		
Date Assigned:	10/06/2014	Date of Injury:	06/16/2009
Decision Date:	11/06/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 underlying date of injury in this case is 08/07/2003. The date of the utilization review under appeal is 09/25/2014. This patient's diagnosis is patellar chondromalacia. On 09/04/2014, a treating orthopedic surgery note reported the patient had increased pain in both knees, and it was difficult for him to bend and twist. He had parapatellar tenderness and swelling of both knees with patellar crepitation. An initial physician review of 10/03/2014 noted that this patient had range of motion of 140 degrees and that total knee replacement was not indicated in this situation, and, thus, it was unclear that the patient met the guidelines for bionic devices since surgery was not indicated and since it was unclear how this would be an adjunct to a therapeutic exercise program. The treating physician wrote an appeal letter 09/26/2014 requesting to appeal the denial of BioniCare braces. The treating physician notes that this patient is a police officer and he likely could continue his work as a police officer with these devices but without them he may face early retirement. The patient had previously tried surgery, physical therapy, and injections of cortisone and Orthovisc without permanent benefit, and, thus, the BioniCare brace was felt to be the only remaining alternative.

IMR ISSUES, DECISIONS AND RATIONALES

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

BioniCare knee braces with the bio-2000 device and night wrap: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee

Decision rationale: The California Medical Treatment Utilization Schedule does not specifically discuss the use of a BionCare knee device. Official Disability Guidelines/Treatment in Workers Compensation/Knee discusses one criteria for this device to be considered as an option for patients who may be candidates for total knee arthroplasty but want to defer surgery. An alternate criteria for this device in the same guideline states that the BionCare device can attenuate knee osteoarthritis symptoms in patients who have failed non-surgical therapy. Overall, the guidelines do not explicitly state that patients who are not immediate candidates for total knee replacement are not candidates for BionCare. Rather, the emphasis in the treatment guidelines is that BionCare should be a second- or third-line treatment and not initial treatment for this condition. Additionally, the guidelines emphasize that the BionCare device should be used as part of specific functional goals. In this case, the treating physician has noted that the patient has failed exhaustive attempts at standard, non-surgical treatment for osteoarthritis of the knees. The patient additionally has reported a very specific functional goal to remain active and employed as a police officer. In this situation of a patient who has exhaustively failed virtually all other treatment for this condition and has a very specific goal of maintaining functional activity in a job requiring substantial physical activity, the guideline has classically been met to support this request. The request is medically necessary.