

<b>Case Number:</b>	CM14-0107972		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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. 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: Massachusetts

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 37-year-old male, who sustained an industrial injury on January 14, 2013. He reported a crossbeam flipped up striking his groin and testicular area, then falling landing on his back and striking the back of his head. The injured worker was diagnosed as having thoracolumbar musculoligamentous sprain/strain with right lower extremity radiculitis with 2-3mm disc protrusion at L4-L5 and a 3mm disc protrusion at L5-S1 with annular tear at the L4-L5 level per MRI dated April 12, 2014, right knee sprain/strain mucoid/myxoid degeneration of the medial meniscus per diagnostic ultrasound July 17, 2013, cervical musculoligamentous sprain/strain with cervicogenic headaches, left rib/chest contusion, stress/anxiety/depression secondary to chronic pain, testicular/groin injury with difficulties in urinating as a result of direct trauma, stomach upset, and memory complaints. Treatment to date has included physical therapy, chiropractic treatments, lumbar epidural steroid injection (ESI), and medication. Currently, the injured worker complains of low back pain with bilateral lower extremity radicular symptoms, and right knee pain, stiffness, and weakness. The Primary Treating Physician's report dated June 12, 2014, noted the injured worker's condition remained the same since the previous examination. Physical examination was noted to show the lumbar spine with tenderness to palpation over the bilateral paravertebral musculature, sacroiliac joints, and coccyx, with straight leg raise and Kemp's test positive eliciting radicular symptoms to the right lower extremity, and pain with range of motion (ROM). The right knee was noted to have tenderness to palpation over the medial and lateral joint line with McMurray's and patellar grind tests positive, with painful range of motion (ROM). The treatment plan was noted to include a single point cane dispensed for support while walking, medications including Norco, Voltaren XR, and Fexmid, proceeding with an authorized lumbar spine surgical consultation, continue with Physician for urological complaints, and BioniCare system for the right knee.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **1 Bionicare System for the right knee: 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 & Leg (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), BioniCare knee device.

**Decision rationale:** The claimant sustained a work injury in January 2013 and continues to be treated for right knee and radiating low back pain. When seen, there was right knee joint line tenderness with decreased and painful range of motion. McMurray's and Patellar grind testing was positive. A cane was provided. The BioniCare system provides an electrical signal that is intended to reduce the pain and symptoms of arthritis and to help maintain the health of the knee joint. It can be recommended as an option for patients in a therapeutic exercise program for osteoarthritis of the knee, who may be candidates for total knee arthroplasty but want to defer surgery. In this case, there is no diagnosis of knee osteoarthritis or that a total knee replacement is being considered. Physical examination findings appear consistent with patellofemoral syndrome. Therefore, the request is not medically necessary.