

<b>Case Number:</b>	CM14-0075078		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/05/2007
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 61-year-old male, who sustained an industrial injury on 11/05/2007. The mechanism of injury was not noted. The injured worker was diagnosed as having left knee sprain with patellofemoral arthralgia and moderate medial compartmental osteoarthritis (per x-ray 4/11/2014). Treatment to date has included diagnostics, home exercises, and medications. Currently, the injured worker complains of left knee pain. It appeared that he experienced a flare-up, unable to be controlled with oral medications and topical analgesics, per progress report. Current medication regime was not noted. Physical exam noted a slight antalgic gait and intact motor and sensory exams. The treatment plan included physical therapy, Tylenol #3, and Bionicare System, with medial and lateral brace, for the left knee (to decrease pain and provide stability).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bionicare system with medial and lateral brace for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, Chronic Pain Treatment Guidelines braces, knee.

**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 November 2007 and continues to be treated for left knee pain. Diagnoses include moderate medial compartment osteoarthritis. When seen, he was having a flare up of knee pain. Physical examination findings included an antalgic gait. Imaging of the knee in October 2014 confirmed the presence of medial compartment osteoarthritis. Authorization for physical therapy and for the BioniCare System was requested. 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. Outcomes are better when used with an unloader brace. In this case, the claimant is not actively participating in an exercise program and there is no evidence that with the planned physical therapy he would be unable to exercise without use of the requested device. Therefore, the request is not medically necessary.