

Case Number:	CM14-0095898		
Date Assigned:	07/25/2014	Date of Injury:	07/10/2003
Decision Date:	06/08/2015	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/24/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 45-year-old female who sustained an industrial injury on July 10, 2003. She has reported bilateral knee pain and has been diagnosed with left knee patella syndrome, left knee contusion, and right knee strain. Treatment has included medical imaging, medications, physical therapy, and modified work duty. Assessment revealed bilateral internal derangement of the knee. Previous studies showed advanced arthritis in the medial compartments of both knees. The treatment request included 1 bilateral knee OActives and 1 bilateral knee BioniCares.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral Knee OActives: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Knee and Leg- Unloader braces for the knee and Other Medical Treatment Guidelines
<http://www.vqorthocare.com/products/oactive-2/>.

Decision rationale: 1 Bilateral Knee OActives is not medically necessary per the MTUS Guidelines and the ODG. The ODG states that 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. The ODG states that when an unloader brace was used with the BioniCare stimulator and compared to the BioniCare only treatment, more patients achieved significant clinical improvement, at least 20%, with the unloader plus stimulator treatment than with stimulator-only treatment. The ACOEM does not specifically address the unloader brace but does discuss knee bracing. The ACOEM MTUS Guidelines state that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional. The ACOEM does state that a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. Per documentation, the patient the patient received Thompson braces and they were noted to be helpful per documentation on the 4/18/14 examination. The 4/29/15 documentation reveals that prior weight bearing x-rays revealed no joint space narrowing. The documentation does not reveal objective radiographic weight bearing x-rays for review. Furthermore, the ODG recommends these braces with Bionicare which was deemed not medically necessary. The request for 1 Bilateral Knee OActives is not medically necessary.

1 Bilateral Knee BioniCares: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 and leg-BioniCare knee device.

Decision rationale: 1 Bilateral Knee BioniCares is not medically necessary per the ODG Guidelines. The ODG states that this is recommended as an option for patients in a therapeutic exercise program for osteoarthritis of the knee, who may be candidates for total knee arthroplasty (TKA) but want to defer surgery. The 4/29/15 documentation reveals that prior weight bearing x-rays revealed no joint space narrowing. The documentation does not reveal objective radiographic weight bearing x-rays for review. The documentation does not indicate that the patient is in a therapeutic exercise program for knee arthritis therefore this request is not medically necessary.