

Case Number:	CM15-0122880		
Date Assigned:	07/07/2015	Date of Injury:	02/03/2014
Decision Date:	08/07/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/25/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 58 year old male, who sustained an industrial injury on 2/3/2014. Diagnoses have included medial meniscal tear right knee and right knee degenerative joint disease. Treatment to date has included physical therapy, a cortisone injection, right knee arthroscopic meniscectomy (12/11/2014), a home exercise program and medication. According to the progress report dated 12/18/2014, the injured worker complained of right knee pain. The injured worker had kept the ACE wrap on and had been ambulating with crutches. He rated his present pain as 3/10. The physician recommended an unloader brace. Authorization was requested for retrospective request for purchase of neuromuscular stimulator, electronic shock unit for the right knee (DOS: 01/13/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for purchase of neuromuscular stimulator, electronic shock unit for the right knee (DOS: 01/13/2015): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Chapter, Bionicare.

Decision rationale: Regarding the retrospective request for purchase of neuromuscular stimulator, electronic shock unit for the right knee (Bionicare), Occupational Medicine Practice Guidelines do not contain criteria for the use of a neuromuscular stimulator electronic shock unit for the knee (Bionicare). ODG guidelines recommended Bionicare as an option for patients in a therapeutic exercise program for osteoarthritis of the knee, who may be candidates for total knee arthroplasty. Within the documentation available for review, there is indication that the patient has osteoarthritis of the knee and is a candidate for total knee arthroplasty. Also, patient is participating in a home exercise program following physical therapy. Therefore, the current request for retrospective request for purchase of neuromuscular stimulator, electronic shock unit for the right knee (Bionicare) is medically necessary.