

Case Number:	CM15-0026376		
Date Assigned:	02/18/2015	Date of Injury:	09/23/2012
Decision Date:	04/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/11/2015

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: 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:

This 49-year-old female reported a work-related injury on 09/23/2012. According to the progress notes dated 2/6/15, the injured worker reports right knee pain and discomfort, which is sharp when getting up from a seated position. The diagnoses include right knee sprain with moderate to severe osteoarthritis/effusion. Previous treatments include medications, weight loss, work activity modification, knee injections and physical therapy. The treating provider requests Ultram ER 150mg, #30 and one right knee custom Bionicare brace. The Utilization Review on 01/27/2015 non-certified the request for Ultram ER 150mg, #30 and one right knee custom Bionicare brace, citing CA MTUS guidelines and ODG recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for osteoarthritis Page(s): 83-84.

Decision rationale: Ultram ER 150mg quantity 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines states that there are no long-term studies to allow for recommendations of Tramadol for osteoarthritis for longer than three months. The patient has exceeded this 3 months period as she has been on Tramadol since 2013. The request for Ultram ER is not medically necessary.

One right knee custom bionicare brace: 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 and 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: One right knee custom bionicare brace is not medically necessary per the ODG. Transcutaneous electrical joint stimulation is also known as pulsed electrical stimulation which is used in the Bioicare knee device. The ODG states that Bionicare 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 ODG states to refer to the transcutaneous electrical nerve stimulation (TENS) reference which states that TENS is recommended as an option for patients in a therapeutic exercise program for osteoarthritis as a treatment for pain. The addition of TENS plus exercise appears to produce improved function (greater cumulative knee extensor torque, stride length, gait velocity and range of motion) over those treated with exercise only, although the difference has not been found to be significant. The documentation indicates that the a surgery consult for a right total knee replacement was pending. Additionally, the guidelines do not indicate that using the bionicare knee brace which contains electrical joint stimulator produces statistically significant functional improvements. The request for one right knee custom bionicare brace is not medically necessary.