

<b>Case Number:</b>	CM15-0046474		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	03/28/2013
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 (IW) is a 47 year old male who sustained an industrial injury on 03/28/2013. He reported pain in both knees. The injured worker was diagnosed as having left and right knee internal derangement, possible derangement of the lateral meniscus on the left, sprain of bilateral knees, and bilateral knee pain. Treatment to date has included viscosupplementation, and oral medications. Currently, the injured worker complains of pain in both knees. The treatment plan included pain medications and follow up in one month. The IW is a candidate for knee replacement but discussion was made that with his weight at 410 pounds, possible bariatric surgery prior to the repair was advised. Special knee braces were ordered. Request for authorization was made for Bionicare Knee Brace System, Eagle OA custom Brace-Left Knee, and Bionicare Knee Brace System-Oactive custom- Right Knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bionicare Knee Brace System, Eagle OA custom Brace - Left 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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, knee brace.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address CMAP. The ODG states the requested knee brace is indicated for the treatment of osteoarthritis of the knee in patients in a therapeutic exercise program who wish to defer surgery who would otherwise be candidates for total knee arthroplasty. Per the documentation, the deferral of surgery was due to considerations for bariatric surgery for the patient's weight not because the patient was trying exercise program as an alternative to TKA. Therefore, the request is not certified.

**Bionicare Knee Brace System, Oactive custom- 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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, knee brace.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address CMAP. The ODG states the requested knee brace is indicated for the treatment of osteoarthritis of the knee in patients in a therapeutic exercise program who wish to defer surgery who would otherwise be candidates for total knee arthroplasty. Per the documentation, the deferral of surgery was due to considerations for bariatric surgery for the patient's weight not because the patient was trying exercise program as an alternative to TKA. Therefore, the request is not certified.