

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: **12/17/2013**

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 6/1/2013  
Date of Injury: 9/28/2010  
IMR Application Received: 8/30/2013  
MAXIMUS Case Number: CM13-0018823

- 1) MAXIMUS Federal Services, Inc. has determined the request for an **Unloader brace with supplies is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Bionicare with supplies is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/30/2013 disputing the Utilization Review Denial dated 6/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for an **Unloader brace with supplies is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Bionicare with supplies is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

This employee reportedly suffered a work-related injury on September 28, 2010. A utilization review determination dated August 2, 2013 recommends non-certification of the request for knee brace and Bionicare due to limited information regarding the rationale for prescribing a Bionicare device for the employee's underlying medical orthopedic history to support this equipment. A medical report dated March 4, 2013 which identifies Dr. [REDACTED] indicated that the diagnostic ultrasound of the right knee demonstrated a grade 3 signal of the lateral meniscus, which was consistent with a meniscus tear. The note goes on to state "as you will recall, the employee underwent right knee arthroscopy on September 26, 2012 by Dr. [REDACTED] and has completed approximately 12 sessions of postoperative rehabilitation therapy." A progress report dated December 3, 2012 identifies subjective complaints stating "right knee – employee states right knee arthroscopy on September 26, 2012. Employee states that the right knee is stiff sore. Employee states that therapy has just started. Employee states taking Tylenol #4 for pain. Physical examination identifies positive crepitus, VMO atrophy, motor four out of five weakness." Diagnoses include grade 3 lateral meniscus tear. Treatment plan recommends continued postoperative physical therapy for the left knee. An operative report dated September 26, 2012 identifies postoperative diagnoses of "right knee torn lateral discoid meniscus. Chronic synovitis, medial compartment, lateral compartment, and anterior inter-condylar notch region.

**Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:



**1) Regarding the request for an Unloader brace with supplies:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13) pg 340, which is part of MTUS.

The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13), pg 340, which is part of MTUS and the Official Disability Guidelines (ODG), Knee Chapter, which are not part of MTUS.

Rationale for the Decision:

While MTUS ACOEM guidelines address knee braces, there is no specific criteria regarding the use of unloader braces. The Official Disability Guidelines state that unloader braces are designed specifically to reduce pain and disability associated with osteoarthritis of the medial compartment of the knee. Within the documentation available for review, there is no indication that the employee has medial compartment arthritis of the knee. **The request for an Unloader brace with supplies is not medically necessary and appropriate.**

**2) Regarding the request for Bionicare with supplies:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Knee Chapter, which is not part of MTUS.

The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13), pg 340, which is part of MTUS and the Official Disability Guidelines (ODG), Knee Chapter, which are not part of MTUS.

Rationale for the Decision:

While MTUS ACOEM guidelines address Bionicare with supplies, there is no specific criteria regarding the use of Bionicare with supplies. The Official Disability Guidelines recommended Bionicare with supplies 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 no indication that the employee has osteoarthritis of the knee or is a candidate for total knee arthroplasty. **The request for Bionicare with supplies is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.