

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

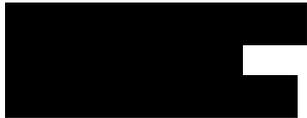
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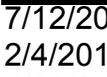


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**Notice of Independent Medical Review Determination**

Dated: 12/2/2013



Employee:	
Claim Number:	
Date of UR Decision:	7/12/2013
Date of Injury:	2/4/2010
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003873

- 1) MAXIMUS Federal Services, Inc. has determined the request for **BioniCare pads and TENS electrodes is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. 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 **BioniCare pads and TENS electrodes 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 Preventive Medicine and Occupational Medicine, 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:**

The applicant is a represented 61 year old [REDACTED] who has filed a claim for chronic low back and bilateral knee pain reportedly associated with cumulative trauma at work first claimed on February 4, 2010. Thus far, she has been treated with analgesic medications, transfer of care to and from various providers in various specialties, topical compounds, prior right knee arthroscopy in April 2011 and eventual return to regular duty work.

The most recent progress report of June 4, 2013 is notable for comments that the applicant is feeling better. She reports persistent right and left knee pain. She is going to gym. Right knee range of motion is well preserved from 0 to 125 degrees despite tenderness to touch. The applicant is asked to obtain a new TENS unit electrodes for her Bionicare device. It is stated that the applicant carries a diagnosis of right knee tricompartmental arthritis and left knee internal derangement. She is also asked to obtain numerous oral and topical compounds while returning to regular duty work.

### **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:

- Application of Independent Medical Review
- Utilization Review Determination [REDACTED]
- Medical Records from employee/employee representative
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for BioniCare pads and TENS electrodes :**

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 Chronic Pain Medical Treatment Guidelines, pg. 114, TENS unit, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 114, TENS unit, as well as ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13, TENS devices, which are part of the MTUS. The Expert Reviewer also referenced the Official Disability Guidelines (ODG), Bionicare Knee Device topic, which is not part of the MTUS.

Rationale for the Decision:

While this is a chronic pain case, MTUS 9792.24.2 does state that the clinical topic sections (i.e., ACOEM) can be selected in cases in which an applicant has chronic pain but the treatment for the condition is not addressed in the Chronic Pain Medical Treatment Guidelines. In this case, the MTUS-adopted ACOEM guidelines in chapter 13 do typically endorse usage of transcutaneous electrotherapy in those individuals with chronic knee pain. This is echoed by the ODG Bionicare knee device topic, which also endorses usage of Bionicare devices in the treatment of knee arthritis, as it reportedly is present here. In this case, moreover, the employee has demonstrated functional improvement through prior usage of the Bionicare device. The employee has returned to regular duty work. **The request for BioniCare pads and TENS electrodes is 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

/dso

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.