

Case Number:	CM14-0101535		
Date Assigned:	07/30/2014	Date of Injury:	11/13/2002
Decision Date:	09/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old female who reported an injury on 11/13/2002 due to an unknown mechanism. The progress note submitted was handwritten and very illegible. Diagnoses were osteoarthritis unspecified whether generalized or localized involving lower leg, tear of lateral cartilage or meniscus of knee current, and osteoarthrosis unspecified whether generalized or localized involving lower leg. Past treatments were medications. Diagnostic studies were MRI of the right knee and the left knee. MRI of the right knee revealed mild tricompartmental osteoarthritic changes, lateral patellar tilt, and subluxation, and moderate grade chondromalacia of the patella. MRI of the left knee revealed there was a large joint effusion. There was evidence of a remote tear of the anterior cruciate ligament, which may be partial thickness. Correlation with clinical exam was recommended. There was evidence of a horizontal tear of the anterior horn of the lateral meniscus; lateral patellar tilt and subluxation with moderate grade chondromalacia of the patella; and mild tricompartmental osteoarthritic changes. Surgical history was not reported. Physical examination on 05/15/2014 revealed a progress note that was illegible. Subjective and objective exam findings cannot be reported. Medications were not reported. Treatment plan was for bilateral Bionicare system (O Active brace with Bionicare knee system) neutral, device purchase and a Bionicare knee system supplies as needed, quantity 6 months. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral BionCare System (O Active brace with BionCare knee system) neutral, device purchase: 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), Knee and Leg Chapter, BionCare Knee device.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The California ACOEM states activity and postures that increase stress on a structurally damaged knee tend to aggravate symptoms. Injured workers with acute ligament tears, strains, or meniscus damage of the knee can often perform unlimited squatting and working under load during the first few weeks after return to work. Injured workers with prepatellar bursitis should avoid kneeling. Injured workers with any of knee injury or disorder will find prolonged standing and walking to be difficult, but returned to modified duty work is extremely desirable to maintain activities and prevent debilitation. A brace can be used for patella instability, anterior cruciate ligament (ACL tear) or medial collateral ligament (ACL) instability, although its benefits may be more emotional (i.e., increasing the injured worker's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average injured worker, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The progress note submitted was very illegible. Pertinent information may have been missed. The examination was not legible. Therefore, the decision for Bilateral BionCare System (O Active brace with BionCare knee system) neutral, device purchase is not medically necessary.

BionCare knee system supplies as needed, QTY: 6 months: 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), Knee and Leg Chapter, BionCare Knee device.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The California ACOEM states activity and postures that increase stress on a structurally damaged knee tend to aggravate symptoms. Injured workers with acute ligament tears, strains, or meniscus damage of the knee can often perform unlimited squatting and working underload during the first few weeks after return to work. Injured workers with prepatella bursitis should avoid kneeling. Injured workers with any of knee injury or disorder will find prolonged standing and walking to be difficult, but returned to modified duty work is extremely desirable to maintain activities and prevent debilitation. A brace can be used for patella instability, anterior cruciate ligament (ACL tear) or medial collateral ligament (ACL) instability, although its benefits may be more emotional (e.i., increasing the injured worker's confidence) than medical. Usually a brace if necessary only if the patient is going to be stressing

the knee underload, such as climbing ladders or carrying boxes. For the average injured worker, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The progress note submitted was very illegible. Pertinent information may have been missed. The examination was not legible. Therefore, the request for BioniCare knee system supplies as needed, qty: 6 months is not medically necessary.