

Case Number:	CM15-0121236		
Date Assigned:	07/08/2015	Date of Injury:	07/27/2010
Decision Date:	10/16/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/23/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old man sustained an industrial injury on 7/27/2010. The mechanism of injury is not detailed. Diagnoses include cervical spine sprain/stain, lumbar spine sprain/strain, bilateral sacroiliac sprain, bilateral shoulder strain, acromioclavicular degenerative joint disease, and status post right knee surgery. Treatment has included oral medications and left shoulder cortisone injection. Physician notes on a PR-2 dated 4/24/2015 show complaints of left shoulder pain with popping and clicking. Recommendations include bilateral Synvisc injections to the knees, surgical consultation, home exercise program, activity modification, continue current medications, bilateral knee braces, and BionCare system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bionicare night wrap system: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Bionicare knee device.

Decision rationale: The Official Disability Guidelines recommend the Bionicare knee device 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. There is no documentation of a formal or home therapeutic exercise program or that the patient is a candidate for total knee replacement. Bionicare night wrap system is not medically necessary.

Bionicare supplies x 3 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, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Bionicare knee device.

Decision rationale: The Official Disability Guidelines recommend the Bionicare knee device 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. There is no documentation of a formal or home therapeutic exercise program or that the patient is a candidate for total knee replacement. Bionicare supplies x 3 months is not medically necessary.

Condyle pad: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Bionicare knee device.

Decision rationale: The Official Disability Guidelines recommend the Bionicare knee device 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. There is no documentation of a formal or home therapeutic exercise program or that the patient is a candidate for total knee replacement. Condyle pad is not medically necessary.

Upper liner: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), BionCare knee device.

Decision rationale: The Official Disability Guidelines recommend the BionCare knee device 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. There is no documentation of a formal or home therapeutic exercise program or that the patient is a candidate for total knee replacement. Upper liner is not medically necessary.

Lower liner: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), BionCare knee device.

Decision rationale: The Official Disability Guidelines recommend the BionCare knee device 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. There is no documentation of a formal or home therapeutic exercise program or that the patient is a candidate for total knee replacement. Lower liner is not medically necessary.

Finish/wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), BionCare knee device.

Decision rationale: The Official Disability Guidelines recommend the BionCare knee device 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. There is no documentation of a formal or home therapeutic exercise program or that the patient is a candidate for total knee replacement. Finish/wrap is not medically necessary.

Synvisc injections, series of 3 to the right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines contain numerous criteria which must be met prior to recommending hyaluronic acid injections to the knee. The primary consideration, and the only diagnosis for which injections are recommended by the ODG, is a diagnosis of osteoarthritis of the knee. In addition, the ODG requires the patient to be suffering from knee pain and to satisfy at least 5 of 9 other criteria as well. The medical record does contain the required documentation to enable recommendation of hyaluronic acid injections to the right knee, which is an accepted body part of the claim. I am reversing the previous UR decision. Synvisc injections, series of 3 to the right knee is medically necessary.

Synvisc injections, series of 3 to the 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, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines contain numerous criteria, which must be met prior to recommending hyaluronic acid injections to the knee. The primary consideration, and the only diagnosis for which injections are recommended by the ODG, is a diagnosis of osteoarthritis of the knee. In addition, the ODG requires the patient to be suffering from knee pain and to satisfy at least 5 of 9 other criteria as well. The medical record does not contain the necessary documentation to enable recommendation of hyaluronic acid injections to the knee. Synvisc injections, series of 3 to the left knee is not medically necessary.

Psychiatric consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: According to the American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, 2nd Edition, specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. The ACOEM Guidelines referral criteria stipulate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient

documentation and does not support a referral request. Psychiatric consultation is not medically necessary.

Internal medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: According to the MTUS, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined elsewhere in Cornerstones of Disability Prevention and Management, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. ACOEM Guidelines referral criteria stipulate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Internal medicine consultation is not medically necessary.