

Case Number:	CM13-0011135		
Date Assigned:	11/08/2013	Date of Injury:	07/31/2007
Decision Date:	08/19/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/02/2013

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 and Rehabilitation 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 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 patient is a 46 year old male who was injured on 07/31/2007. The mechanism of injury is unknown. Prior treatment history has included H-wave, injections, back brace, physical therapy (unknown completed sessions), chiropractic therapy (unknown completed sessions). The patient underwent right knee arthroscopy with partial medial meniscectomy and right knee medial femoral condyle chondroplasty with microfracture technique on 06/03/2014. Diagnostic studies reviewed include MRI of the right knee dated 03/2014 revealed a large horizontal cleavage tear involving the medial meniscus; mild marrow edema and probable healed fracture involving the medial tibial plateau; small joint effusion; and prepatellar edema and possible mild bursitis. UDS dated 04/10/2014 revealed positive results for hydrocodone and norhydrocodone. Progress report dated 01/08/2014 indicates the patient had complaints of left knee swelling and back pain. He reports his back pain is decreased if he does not walk or exercise. He rated his VAS a 4-5/10. He did state that walking on uneven ground causes him to fall and cause more injuries. His left hip is popping but no swelling and does not give way. The right hip has pulsating stabbing joint pain. He has a history of instability of the left knee and he wears a support brace but the one he had is cracked and needs to be replaced. He has a foot drop but has difficulty with toe pick up. He does have an AFO brace but does not wear them all of the time. He has cramping of the left foot and did not have a response in the foot to nerve stimulation. He still has intermittent numbness on the inside of the left groin when he is standing only. On exam, he has positive McMurray's and positive Pivot pain. He has left foot drop with atrophy of the TA, more than an inch. He has positive Tinel's of the proximal peroneal nerve. Range of motion of the right hip, knee and ankle are full. The left knee full extension but flexion is limited. There is tenderness in the right Faber's. There is less swelling of the left knee but positive medial and lateral joint line tenderness. The right knee was aching at the medial joint line without swelling. He is numb to

the toe and the deep and superficial branch. He has trace EDL and PL and trace TA. He was diagnosed with degenerative disk disease with facet changes, bilateral knees meniscal damage, depression, PTSK, left fibular fracture dislocation with peroneal nerve stretch injury and peroneal palsy. He was recommended physical therapy for his back. As patient is unable to knee, he has been recommended for a right knee custom Don Joy PA Defiance or similar brace and Norco 10/325. Prior utilization review dated 07/11/2013 states the request for right knee custom don joy pa defiance or similar brace Norco 10/325 were denied due to lack of documented objective findings, failed treatments or supportive diagnostic studies in the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE CUSTOM DON JOY PA DEFIANCE OR SIMILAR BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines KNEE AND LEG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 403-404. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Knee braces.

Decision rationale: The injured worker is noted to have a history of instability of the left knee due to old injuries and was wearing a support brace, but the one he had is cracked and needs to be replaced. There is no mention of damaged knee brace was custom-made. Also, he is noted that was non-compliant with wearing AFO for his foot drop. Furthermore, there is no evidence of a detailed rationale and indication for a custom made brace versus a regular off the shelf brace. Therefore, the medical necessity of the request is not medically necessary and appropriate.

NORCO 10/325: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines KNEE AND LEG AND CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, there is no documentation of any significant improvement in pain and function with prior use. The medical

records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, which are known to be effective for treatment of moderate to severe pain and symptoms. In addition there is no mention of ongoing attempts with non-pharmacologic means of pain management. The medical documents do not support continuation of opioid pain management. The medical necessity for Norco has not been established. The request is not medically necessary and appropriate.