

<b>Case Number:</b>	CM13-0061507		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/28/2004
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Family Practice 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 54 yr. old male claimant sustained a work related injury on 6/28/04 involving the back, shoulders, neck and knees. He has a diagnosis of cervical disc disease with radiculitis, lumbar disc disease with radiculitis, left knee traumatic degenerative joint disease and left shoulder impingement with a labral tear. He received conservative care for his knee including steroid injections, therapy and oral analgesics. A progress note on September 20, 2013 indicated the claimants back pain was under control but the left knee pain was the same and he was waiting for a knee replacement. You had a morphine pump implant any doors or column implant forward to continue to have the same level of pain in the neck and low back. He has a left knee brace that does not fit him well and needs replacement. X-rays of the knee at the time showed degenerative joint disease. Examination findings were notable for limited range of motion of the left knee as well as a positive chondromalacia test. The treating physician had ordered A Don Joy Medial unloader Knee brace for support and continuation of Percocet 7.5/325 # 120. He had been on a morphine pain pump as well as used short-acting opioids including Vicodin since at least 2011.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Don Joy Medical Unloader Knee Brace for Left Knee.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346.

**Decision rationale:** According to the ACOEM guidelines, prophylactic braces are not recommended. Knee braces are necessary only if the patient is going to be stressing many under load such as climbing ladders or caring boxes. A brace may provide more emotional benefits and medical. Based on the clinical reasoning provided in the history of the Joy Medical Unloader knee brace is not medically necessary.

**Percocet 7.5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 82-92.

**Decision rationale:** Percocet contains a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on short acting opioids for several years along with a pain pump. There has also been no significant improvement in knee pain with the use of long term-short acting opioids. The continued use of Percocet is not medically necessary.