

<b>Case Number:</b>	CM14-0186966		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	04/13/2010
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Internal Medicine; has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 male patient with date of injury 4/13/2010. The mechanism of injury is not stated in the available medical records. The patient has complained of bilateral knee pain since the date of injury. He has been treated with corticosteroid injections, Hyaluronate injections, TENS unit, physical therapy and medications. He has also had bilateral knee arthroscopic surgery (09/2010 left knee and 06/2013 right knee). Plain films of the right knee performed in 01/2014 revealed narrowing of the medial joint space and evidence of metallic orthopedic rod placement in the proximal tibia without evidence of hardware loosening. Objective: tenderness to the lateral joint line of the bilateral knees with palpation, weakness to resisted flexion in the bilateral knees. Diagnoses: internal derangement, right knee; internal derangement, left knee. Treatment plan and request: Defiance Brace model upper and lower knee X 1; Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Defiance brace model for upper and lower knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints Page(s): 340.

**Decision rationale:** This male patient has complained of bilateral knee pain since date of injury 4/13/2010. He has been treated with corticosteroid injections, Hyaluronate injections, TENS unit, physical therapy and medications. He has also had bilateral knee arthroscopic surgeries. The current request is for 1 Defiance brace model for upper and lower knee. Per the MTUS guidelines cited above, a knee brace is not recommended for the treatment of knee arthritis. The MTUS guidelines state that a brace may be used for the following diagnoses although the benefits have not been proven: patellar instability, anterior cruciate ligament tear and medial collateral ligament instability. There is no documentation in the available medical records to support that the patient has any of these stated conditions. A knee brace is therefore not indicated as medically necessary.

**1 Prescription for Norco (hydrocodone/apap) 10/325mg #160: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This male patient has complained of bilateral knee pain since date of injury 4/13/2010. He has been treated with corticosteroid injections, Hyaluronate injections, TENS unit, physical therapy and medications to include opioids since at least 09/2012. He has also had bilateral knee arthroscopic surgery. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 10/325 is not indicated as medically necessary.