

Case Number:	CM13-0034264		
Date Assigned:	12/06/2013	Date of Injury:	07/15/2009
Decision Date:	05/15/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/11/2013

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 patient is a 56-year-old male who reported an injury on 07/15/2009. The patient underwent a left knee replacement revision with [REDACTED] on 10/15/2013. On his most recent encounter date of 10/31/2013, the patient was still having severe left knee pain, rated as a 9/10 while on Dilaudid, which the patient stated did reduce his pain by 50%, but for only a couple of hours. It further stated with pain medications, the patient was able to walk (with crutches). The patient continued to have bilateral knee pain, right greater than left, and would eventually need a total knee replacement on the right. On the examination, the patient was uncomfortable, walked with a cane, and limped favoring the left leg. The patient had motor examination of +5 and equal in regards to the lower extremities with range of motion of 115 degrees of the right knee in flexion and 180 degrees with extension. The left knee was swollen on the anterior side with a negative McMurray, Lachman, and drawer. The patient had a vertical surgical incision from his recent surgery, which was well healed with the incision clean and dry with no erythematous material noted, but was positive for swelling. The patient's range of motion was approximately 70% of normal, restricted partially due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CRUTCHES: 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 (UPDATED 6/7/13)

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that weight-bearing helps avoid the adverse effects of non-weightbearing, such as loss in muscle mass, loss of strength, and diffuse osteopenia. The knee disorders, under discussion, almost always can bear weight as tolerated. The guidelines also indicate that treatment can include a partial weight-bearing gait using crutches with the affected leg on the floor and with the weight distributed between crutches and the leg, by adjusting the amount of force applied with the arms on the crutches. In the case, the patient was already noted as utilizing a cane, which can also prevent any crushing injuries to the nerves under the armpit area. Furthermore, there is no thorough rationale for the patient necessitating the use of crutches, when he is able to ambulate with a cane; albeit with a limp. Therefore, the requested service is not deemed medically necessary and is non-certified.

3 IN 1 COMMODE (E0163): 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 (UPDATED 6/7/13)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE AND LEG CHAPTER, DURABLE MEDICAL EQUIPMENT.

Decision rationale: The Official Disability Guidelines indicate that durable medical equipment is defined as any equipment that can withstand repeated use, is primarily used for a medical purpose, generally is not used by a person in the absence of illness or injury and can be appropriate for use in a patient's home. Although the patient has had a knee surgery performed in 10/2013, the patient had previously been certified for use of a 3-in-1 commode for a twenty-one (21) day rental after his previous surgery. However, without having a thorough rationale for the use of this type of commode at this time the request is not considered medically necessary and is non-certified.