

Case Number:	CM13-0051214		
Date Assigned:	12/27/2013	Date of Injury:	12/09/2010
Decision Date:	04/24/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/30/2013

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 underlying date of injury in this case is 12/09/2010. The primary reference diagnosis is osteoarthritis of the knee, with the mechanism of injury that the patient stepped into a 2-foot-deep hole and felt immediate left knee pain. The patient is status post a left knee unicompartmental arthroplasty on 06/12/2011. Additional diagnoses include right ankle chronic ATFL (anterior talofibular ligament) tear, right peroneal tendon split, and an osteochondral defect of the talar dome. This patient's treating orthopedic surgeon saw the patient in followup on 07/24/2013 regarding persistent left knee pain. The patient reported continued left knee pain and requested another operation to see if this could help with his pain. The patient specifically was considering a conversion from a unicompartmental arthroplasty to a total knee arthroplasty. On exam the patient had pain with a single toe raise, and he had pain with direct palpation of the peroneal tendon. The patient ambulated with a slight antalgic gait. Radiographic exam demonstrated possible loosening at the inferior order at the tibial plate. The treating orthopedic surgeon recommended a left total knee arthroplasty conversion. An initial physician review concluded that initially a walker would be more stable while the patient is in the modified weight bearing phase of treatment and therefore it is medically necessary; the physician reviewer concluded that crutches may not be necessary and a physical therapy evaluation supporting the need to transition from the walker to crutches would be indicated prior to purchasing crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

CRUTCHES FOR PURCHASE: Overturned

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

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, Walking Aids

Decision rationale: The Medical Treatment Utilization Schedule does not specifically discuss the use of crutches. The Official Disability Guidelines/Treatment in Workers Compensation/Knee and Leg discusses walking aids. This reference discusses that disability, pain, and age-related impairment seem to determine the need for a walking aid. This is a complex case of a fairly young patient with multiple lower extremity diagnoses creating a chronic gait impairment. The decision regarding what gait aid may be needed either in the preoperative or postoperative phase is related to patient-specific disability, pain, and age-related impairments as per the treatment guidelines. A prior review states that a physical therapy evaluation may be needed to support the transition of the patient from a walker to crutches; the treatment guidelines do not specifically require a physical therapy evaluation, but rather the treatment guidelines would support a judgment in this matter by an orthopedic surgeon and the patient when evaluating a patient with potential for a second knee surgery with multiple related comorbidities. In this situation, the reported antalgic gait and pain-related physical examination findings do support the request for crutches and are consistent with the treatment guidelines. This request is medically necessary.