

Case Number:	CM13-0054193		
Date Assigned:	12/30/2013	Date of Injury:	05/24/2001
Decision Date:	04/30/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/19/2013

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 Occupational Medicine 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 59 year old female lab technician with a date of injury of 5/24/2001 due to slip and fall. She underwent right knee surgery consisting of arthroscopy with lateral release and chondroplasty of the medial femoral condyle, lateral tibial plateau and patellofemoral articulation with complete synovectomy of the lateral compartment and anterior intracondylar notch. She underwent post op therapy. She underwent post operative imaging on October 2, 2003. She was evaluated by her physician on October 15, 2013 at which time she noted that she still has right knee pain. She has difficulty working and the knee buckles. She was diagnosed with status post right knee arthroscopic surgery with large effusion, rule out recurrent internal derangement, osteochondral fracture, general arthritis and /or ligamentous tear. Request was made for knee arthroscopy, pre-op evaluation, post op DME including crutches, and pre-op labs. The request for surgery was non-certified on October 24, 2013. The request for crutches was also not certified as surgery was not certified. She saw her physician on October 29, 2013 and was advised to appeal the non-certifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF 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 (ODG), Walking Aids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: The request for purchase of crutches is not medically necessary. The request for crutches has been submitted as post-op DME. The medical records submitted for review do not show that the surgery has been certified, and as such the request for crutches as post-op DME would not be medically necessary at this time.