

Case Number:	CM13-0058902		
Date Assigned:	12/30/2013	Date of Injury:	10/28/2008
Decision Date:	11/10/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/27/2013

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 Orthopedic Surgeon and is licensed to practice in Alaska & Texas. 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 injured worker is a 43-year-old male who reported an injury on 10/28/2008 due to an unknown mechanism. Diagnosis was chondromalacia patella (right). MRI of the right knee revealed bone irregularity and soft tissue scarring at the distal patellar tendon enthesis reflecting ongoing stress change and findings of remote [REDACTED] in association. No significant bone edema. There was cruciate ligament scarring, healing of old posterior cruciate ligament sprain, similar findings of the medial collateral ligament with thickened origin and no discrete meniscus tear. Physical examination, dated 07/12/2013, revealed that the injured worker was to have a Supartz #3 injection to the right knee. It was reported that the injured worker had no relief from his Supartz #2 injection. Medications were Wellbutrin and Norco. Examination revealed full range of motion for bilateral lower extremities. Examination of the right lower extremity revealed a negative Lachman's and posterior drawer. and mild to moderate posteromedial joint laxity. There was normal strength and normal motor tone bilaterally. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CANE/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) Knee & Leg Chapter.

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 legs, Walking Aids.

Decision rationale: The decision for cane/crutches is not medically necessary. The Official Disability Guidelines state that walking aids (canes, crutches, braces, orthosis, and walkers) are recommended. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. There is evidence that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone, a laterally wedged insole (orthosis) decreases NSAID intake compared with a neutral insole, patient compliance in the laterally wedged insole compared with a neutral insole, and a strapped insole has more adverse effects than a lateral wedge insole. Contralateral cane placement is the efficacious for persons with knee osteoarthritis. In fact, no cane use may be preferably to ipsilateral cane usage, as the latter resulted in the highest knee moments of force, a situation which may exacerbate pain and deformity. While recommended for therapeutic use, braces are not necessarily recommended. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with osteoarthritis. There was no documentation detailing a clear indication for the use of cane/crutches for the injured worker. The physical examination note was dated 07/12/2013, over a year ago. There was no current clinical information available for review. The physical examination did not report any instability for the injured worker. It was reported that there was tenderness to palpation to the medial femoral condyle, pain with crepitus with patella movement. There was no lateral or posterior pain. There was patella laxity or apprehension. It was also reported that the injured worker was not wearing his brace. The clinical information submitted for review does not provide evidence to justify decision cane/crutches. Therefore, this request is not medically necessary.