

Case Number:	CM14-0005298		
Date Assigned:	01/24/2014	Date of Injury:	06/29/2012
Decision Date:	06/12/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/14/2014

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 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 injured worker is a 39 year old male who reported an injury to his right knee. The initial injury occurred on 05/06/13 when his left heel struck a piece of rebar and caused the left knee to twist awkwardly resulting in a fall. The injured worker was identified as having developed right knee and low back pain secondary to over compensation of the left knee injury. The clinical note dated 09/19/13 indicates the injured worker having undergone x-rays of both knees which revealed no evidence of asymmetry, fracture, or calcifications. The clinical note dated 11/04/13 indicates the injured worker stating the left knee was doing well following the surgery. However, the injured worker continued with complaints of numbness and tingling. Radiating pain was identified into the left lower extremity from the low back. The clinical note dated 11/20/13 indicates the injured worker showing tenderness from L1 through S1. The injured worker also was identified as having low back complaints. The note indicates the injured worker continuing to work modified duties. The clinical note dated 11/25/13 indicates the injured worker having undergone a left knee surgery. However, the injured worker continued with complaints of right knee pain. There was an indication the right knee had given way. Prolonged standing and walking exacerbate the injured worker's pain. A McMurray's click was identified upon exam. Weakness was identified with both right knee extension and flexion. The injured worker has previously undergone physical therapy as well as activity modifications and the continued use of medications. The note indicates the injured worker continuing with right knee pain. The injured worker was being recommended for arthroscopy with a debridement of the right knee at that time. The therapy note dated 12/28/12 indicates the injured worker having completed 12 physical therapy sessions to date. The injured worker was initially recommended for the use of a cane and crutches. However, a partial approval was offered for the use of a cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOBILITY CRUTCHES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 11/21/13) 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).

Decision rationale: The documentation indicates the injured worker complaining of right knee pain. Generally the use of a cane and walking slowly is a very simple and effective intervention strategy for injured workers who have been identified as having osteoarthritis. The recent x-rays revealed osteoarthritic findings at the right knee. Additionally, the injured worker was recently approved for the use of a cane. No other information was submitted confirming the need for crutches at this time. Therefore, this request is not indicated as medically necessary and appropriate.