

Case Number:	CM14-0103151		
Date Assigned:	07/30/2014	Date of Injury:	08/09/2013
Decision Date:	10/21/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/03/2014

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 Surgery 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 66-year-old female with reported industrial injury of August 19, 2013. The claimant was diagnosed with a right knee medial meniscus tear as well as chondromalacia of the patella. MRI of the right knee from December 23, 2013 demonstrates high grade partial-thickness tear in the central region of the posterior horn of the medial meniscus. Exam note from May 19, 2014 demonstrates right knee pain medial to the joint line. The patient is noted to have a positive McMurray sign and a positive Slocum sign. Range of motion is noted to be 0-130. Surgery is denied by utilization review as reported on June 12, 2014 for knee arthroscopy. Appeal letter from June 18, 2014 reports the claimant has pain, swelling, catching and locking.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pair 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 - Treatment for Workers' Compensation, online edition, Chapter: Knee and leg, Walking Aides

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: This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. The CA MTUS/ACOEM guidelines are silent regarding crutches. According to the ODG knee chapter, walking aids, "Recommended, as indicated below. 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. In this case the exam note from 5/19/14 does not demonstrate function deficits in the knee to warrant the need for 1 pair of crutches is therefore not medically necessary.

21 day rental of a cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, Chapter: Knee and leg, Continuous-flow cryotherapy

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, Continuous flow cryotherapy

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request is for 21 days which exceeds the guideline recommendation. Therefore the determination is for not medically necessary.