

Case Number:	CM14-0106812		
Date Assigned:	07/30/2014	Date of Injury:	07/12/2009
Decision Date:	09/09/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/10/2014

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 Orthopedic 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:

This 41-year-old male sustained an industrial injury on 7/12/09, due to a slip and fall. The diagnosis includes fibromyalgia, ankylosing spondylitis, left wrist sprain, left middle finger sprain, cervical sprain/strain with spondylosis at C5/6 and C6/7, thoracic sprain/strain, lumbar sprain/strain with positive discogram at L4/5 and L5/S1, left sacroiliitis, contusion of the lateral tibial plateau with patellar tendinosis, sleep disorder, psychological disorder, and gastrointestinal complaints. The 3/13/13 left knee MRI findings documented type II changes of the medial meniscus with no tear, contusion of the lateral tibial plateau, and mild patellar tendinosis. The 5/6/14 multidisciplinary report indicated the patient was being screened for a functional restoration program. Physical therapy was initiated on 5/28/14 for the left knee pain and weakness, and neck, upper, back, and low back pain. The 6/4/14 initial orthopedic consult report cited constant knee pain with clicking, snapping and weakness. Pain was mostly on the medial side of the joint with minimal swelling. Difficulty was reported with prolonged standing, walking, stair climbing, and deep knee bending. Physical exam documented abnormal gait favoring the right leg, patellofemoral joint crepitation, medial joint line tenderness, positive Apley's test, negative McMurray's test, and left knee range of motion 0-125 degrees. X-rays were unremarkable with joint space well maintained. The diagnosis was left knee internal derangement, possible medial meniscus intrasubstance tear, and patellofemoral chondromalacia. The orthopedist indicated that the patient had not improved with prolonged conservative treatment. He recommended a corticosteroid injection but the patient wanted to think about it. The treatment plan requested left knee arthroscopy for chondroplasty and possible partial medial meniscectomy. The 6/17/14 utilization review denied the request for crutches as the associated surgery was not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Crutches.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS guidelines support the use of crutches for partial weight bearing for patients with knee complaints. The Official Disability Guidelines state that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. The use of crutches would be appropriate in the post-operative setting, however there is no indication that surgical criteria have been met. The patient has not completed current recommended conservative treatment, including corticosteroid injection. The medical necessity of crutches for this patient is not established. Therefore, the request for crutches is not medically necessary and appropriate.