

Case Number:	CM14-0134237		
Date Assigned:	08/25/2014	Date of Injury:	02/19/2009
Decision Date:	09/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/19/2014

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 Physical Medicine & Rehabilitation 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 case involves a 41 year-old patient who sustained an injury on 2/19/09 while employed by [REDACTED]. Request under consideration includes crutches purchase. Diagnoses include knee medial meniscal tear status post right knee arthroscopy on 2/15/13. Report of 2/27/14 from the provider noted patient had conservative treatment of physical therapy (12 sessions), and medications listed as Flexeril, Imitrex, Anaprox, Prilosec, Zofran, Levaquin, and Medrox ointment. Exam showed tenderness at anterior joint line with positive patellar grind test and McMurray's; crepitus with range of motion. MRI of right knee dated 3/11/14, showed osteochondral defect; bone contusion; and focal reactive bone edema of medial femoral condyle. Report of 7/1/14 from the provider noted patient had ongoing chronic bilateral knee pain. The patient had left knee Lidocaine and Marcaine injection at last visit, which provided some relief. Exam was unchanged with anterior joint line tenderness with positive patellar grind test and positive McMurray's with creptius on full range of motion. The request is for crutches purchase which was non-certified on 7/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Crutches purchase: 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),

Treatment Index, 11th Edition (web), 2013, Knee & Leg Chapter, Walking Aids (canes, crutches, braces, orthoses, & walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Walking Aids (canes, crutches, braces, orthoses, & walkers) page(s) 358-359.

Decision rationale: It appears the patient underwent arthroscopic knee surgery over 1-1/2 years ago without complications and has had a normal course of recovery. Clinical exam findings are unremarkable with full range without instability identified. Recent MRI of knee had no acute findings of internal derangement of ligamentous or meniscal tear. Guidelines recommend walking aid such as crutches for severe complaints of pain from severe osteoarthritis and ligamentous tear not presented here. Submitted reports have not adequately demonstrated any acute findings, new injuries, or red-flag conditions to support for DME. The crutches purchase is not medically necessary and appropriate.