

Case Number:	CM14-0022510		
Date Assigned:	05/09/2014	Date of Injury:	05/27/2013
Decision Date:	07/10/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/21/2014

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 and 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 25 year-old patient sustained an injury on 5/27/13 when he missed a step and fell while employed by [REDACTED]. Request under consideration include POST-OP CRUTCHES. X-ray dated 6/3/13 had normal findings. MRI of the right knee dated 11/22/13 showed medial and lateral meniscal tear. Report of 12/18/13 from the provider noted the patient has intermittent sharp medial right knee pain worsened with twisting and pivoting maneuvers. Exam of right knee showed medial joint line tenderness; full range of motion with pain at extreme flexion; positive McMurray's test; negative anterior drawer test; and positive Lachman's maneuver. It was noted the patient had failed conservative care with NSAIDs, knee bracing, and physical therapy. Request for Post-op crutches was non-certified on 1/22/14 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:

POST-OP CRUTCHES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: Review of file indicated the patient underwent right knee arthroscopy with synovectomy and cyst decompression on 2/21/14. Follow-up report of 5/1/14 noted patient had normal course of recovery with mild to moderate pain and mild weakness. There were no unusual complaints and the patient has been receiving physical therapy along with home exercises. Exam indicated portal sites are clean; ROM of 0-135 degrees; no valgus or varus instability; negative anterior/posterior drawer testing; no weakness present; negative Homans sign; right lower extremity neurologically intact with good capillary refill. Treatment plan included further physical therapy with work restrictions. It appears the patient underwent arthroscopic knee surgery without complaints and has had a normal course of recovery per orthopedic provider. Clinical exam findings are unremarkable with good range without instability and the patient has returned to work within several weeks from surgery. Guidelines recommend walking aid such as crutches for severe complaints of pain from osteoarthritis and ligamentous tear not presented here. The POST-OP CRUTCHES is not medically necessary and appropriate.