

<b>Case Number:</b>	CM14-0033875		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### **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 Illinois. 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 33 year old male who reported an injury on 07/30/2013 of unknown mechanism of injury. The injured worker had a complaint of bilateral knees popping, locking, catching and swelling with a history of right foot cuboid fracture and right foot/ankle sprain and contusion. Physical examination reveals decreased pain, decreased swelling, no gross instability, no acute neuro changes, and skin looks good, bilateral knees with 0-120 flexion, tender medial joint line, and positive for guarding. The MRI to bilateral knees revealed internal derangement. The x-ray revealed no acute changes. The treatment plan includes Aleve over the counter home exercises, partial weight bearing, discontinue the cam walker and physical therapy for strengthening. The authorization form dated 06/20/2014 was submitted with documentation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Purchase 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 in Worker's Compensation, Knee and Leg Procedure Summary (updated 01/09/2013).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Walking Aides.

**Decision rationale:** The request for the purchase of crutches is not medically necessary. The California MTUS Guidelines recommend passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The Official Disability Guidelines indicate that 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. The request for a purchase of crutches is non-certified. The documentation did not include the physical therapy outcome for strengthening or the effectiveness of the over the counter Aleve, over the counter Tylenol of unknown frequency or duration. The California MTUS Guidelines indicate for short term relief, the documentation indicates that the injured worker had been on crutches since 09/23/2013 as such the request for a purchase of crutches is not medically necessary.

