

Case Number:	CM14-0087632		
Date Assigned:	07/23/2014	Date of Injury:	10/07/2010
Decision Date:	09/26/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/11/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 7, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier knee arthroscopy on August 3, 2012; and extensive periods of time off of work. In a Utilization Review Report dated June 2, 2014, the claims administrator denied a request for a pair of crutches. The UR rationale was seemingly predicated on the fact that a concurrent request for left knee arthroscopy was also denied and that the derivative request for crutches was likewise not indicated. In a handwritten note dated April 30, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of knee pain. In a narrative report of the same date, April 30, 2014, authorization for a left knee arthroscopy was sought. The applicant was apparently transferring care to a new primary treating provider. The applicant apparently had issues with internal derangement of the knee, it was suggested. The applicant was described as having tenderness about the medial joint line of the knee. The applicant's gait was not described, however. The remainder of the file was surveyed. There is no evidence that the applicant had undergone the knee surgery at issue. The applicant's gait was likewise not described on an office visit of September 24, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a pair of crutches (post-operative): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 347, 339.

Decision rationale: There is no evidence that the applicant has had the surgery, which is also the subject of dispute. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, page 339, moreover, the principle of maximizing activities while recovering from a physical problem applies to knee problems as well as problems involving other parts of the body. Similarly, the MTUS Guidelines in ACOEM Chapter 13, table 13-6, page 347 again recommend maximum activity while recovering from a knee injury and does "not recommend" excessive rest, noting that it may lead to generalized debilitation. There is no evidence to support the proposition that the applicant would require immobilization following a planned left knee arthroscopy, it is further noted. The attending provider did not state why he would anticipate the applicants being immobilized and/or unable to weight bear even were the applicants to undergo the knee arthroscopy in question. Therefore, the request is not medically necessary.