

<b>Case Number:</b>	CM14-0097865		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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:

This is a 33 year-old male who has reported mental illness, and knee, shoulder, and back pain after an injury on 9/1/09. Treatment to the knees has included a right knee surgery in 2012. Recent reports from the treating surgeon note a pending authorization for left knee surgery. The specific indications for the left knee surgery are not outlined in the available reports. Associated with the surgical request were requests for post-operative physical therapy and crutches. Per the PR2 of 3/19/14 there was left knee pain and tenderness along the patellofemoral joint. Range of motion was normal. There were no signs of specific pathology. On 4/14/14 the findings were the same. The AME report from 2/25/14, per the Utilization Review report, likewise did not describe specific surgical pathology in the left knee. On 6/12/14 Utilization Review noted the lack of medical necessity for left knee arthroscopy, and that post-operative crutches were therefore not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment 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; Work Loss Data Institute, LLS, Corpus Christi, TX; www.odg-twc.com; Section: Knee & Leg.

**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:** As the requested surgical procedure is not medically necessary, any associated procedures or medical equipment are likewise not medically necessary. As there is no apparent medical necessity for the crutches apart from the surgery, the crutches are not medically necessary. The MTUS does not address the use of crutches. The Official Disability Guidelines give a general recommendation for crutches when there is pain in the affected joint, and crutches would be commonly used after knee surgery.