

Case Number:	CM14-0195345		
Date Assigned:	12/03/2014	Date of Injury:	11/09/2006
Decision Date:	01/16/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/21/2014

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, has a subspecialty in Interventional Spine 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 patient is a 51 year old male with an injury date of 11/09/06. No progress reports were provided for this case. As per qualified medical examiner (QME) report dated 10/24/14, the patient is status post right knee surgery in October 2013. He complains of persistent weakness and intermittent pain in the right knee rated at 7/10. He also has pain in the left knee and has been diagnosed with diabetes. In QME report dated 09/26/14, the patient complains of right knee pain rated at 7-8/10 along with frequent numbness, tingling, and spasms. The patient received a cortisone injection for the right knee after the surgery along with 24 sessions of post-operative physical therapy, as per QME report dated 10/24/14. Current medications include Tramadol and Naflon. The treater is also requesting for Flexeril, Lidopro cream, Terocin patches, and Protonix. He also has access to heat and cold and TENS unit, as per the same QME report. The patient is not working since 2009, as per QME report dated 10/24/14. MRI of the Left knee (date not mentioned), as per QME report dated 10/24/14: Meniscal tear. Diagnoses, 10/24/14:- Internal derangement of the right knee, status post medial meniscectomy.- Internal derangement of the left knee, approved for surgery- Issues with sleep, stress and depression The treater is requesting for crutches. The utilization review determination being challenged is dated 11/06/14. The rationale was "The Official Disability Guidelines would not support crutches postoperatively as need for operative intervention has not been established."

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), Walking Aids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Knee & Leg and Topic Walking Aids & DME

Decision rationale: The patient is status post right knee surgery in October 2013, and complains of persistent weakness and intermittent pain in the right knee rated at 7/10, and pain in the left knee, as per progress report dated 10/24/14. The request is for crutches. The patient has been authorized for left knee surgery as well. California (MTUS) Guidelines are silent on crutches. The Official Disability Guidelines (ODG) guideline, Chapter Knee & Leg and Topic Walking Aids' provides specific information about canes and wheelers but does not discuss crutches. In the same chapter and under topic DME, ODG Guidelines states that "The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005)" DME is "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below." In QME report dated 09/26/14, the treater states that "Pain in the right knee increases when standing longer than 5 - 10 minutes and walking longer than 40 minutes." While crutches meet the criteria for DME, the treater does not discuss their need in this case. In fact, none of the reports mention the request for the crutches. This request is not medically necessary.