

<b>Case Number:</b>	CM14-0203456		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	07/23/2011
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

### 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 25 year old female who sustained an industrial injury on 7/23/2011 when she was bending, stooping and stocking the shelves in the store. She twisted her knee and felt a pop. The injured worker current diagnoses consist of osteoarthritis, left knee, left anterior cruciate ligament instability, right anterior cruciate ligament instability, positive pivot shift test and Lachman's bilaterally, rule out left knee and right knee internal derangement, left partial medical meniscectomy, left knee medical femoral chondromalacia, more advance, grade III, right knee patellofemoral arthritis, right patella malalignment and joint hyper elasticity. Current treatments have consisted of MRI's, meniscectomy of the left knee in 2011, physical therapy, ACL reconstruction using allograft tissue in 2014 and medications. She is currently taking Percocet to cope with the pain. She has not worked since 8/2013. According to the progress note submitted the treating physician noted that the injured worker continued to complain of bilateral knee pain. She had popping in the back of both knees. The treating physician noted full range of motion in her left knee, along with crepitus. Both knees were noted to have a locking sensation in it. The right knee was also noted to have crepitus and joint hyper elasticity. The treating physician recommended braces for bilateral knees. Pivot test was positive bilaterally, more on the left. She was noted to have patellar malalignment causing arthritis of the right knee. She was noted to be at maximal medical improvement for her left knee but was noted to need maintenance care. For her right knee the treating physician noted she could ne consider at maximal medical improvement, but shove have an arthroscopy to rule out internal derangement. At this time the treating physician is requesting 1 pair of Crutches for the right knee (purchase). This request was

denied at UR on 11/25/14 by the reviewing physician. The request for 1 pair of Crutches for the right knee (purchase) was denied by the reviewing physician using ODG, Treatment Index, 11th Edition (Wed), 2014 Knee & Leg/Walking Aids. The reviewing physician determined the submitted documentation failed to meet the evidence based guidelines for the requested services.

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

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

**Crutches 1 pair for right knee (purchase): 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 & Leg/Walking Aids (Canes, Crutches, Braces, Orthoses & Walkers)

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

**Decision rationale:** The CA MTUS/ACOEM guidelines are silent regarding crutches. According to the ODG knee chapter, walking aids, "Recommended, as indicated below. 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. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals." In this case there is lack of functional deficits noted as the patient has full range of motion without contracture. There are no significant gait abnormalities to warrant crutches. Therefore the determination is for not medically necessary.