

<b>Case Number:</b>	CM14-0206216		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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:

53 year male claimant with an industrial injury dated 11/08/12. MRI of the right knee dated 03/04/14 demonstrates a non-displaced oblique linear tear involving the body and posterior horn of the medial meniscus. It is also noted that there is an 8mm transverse x15mm AP x15mm long ovoid heterogeneous parameniscal cyst abutting the posterior medial margin of the medial meniscus. Exam note 03/13/14 states the patient returns with right knee pain. Upon physical exam there was evidence of tenderness surrounding the anterior joint line anteriorly. It is noted that there was evidence of atrophy surrounding the right quadriceps. The patient demonstrated pain with terminal flexion. The patient revealed a 4/5 strength of the right quadriceps. The patient walks with a limp favoring the right side and wears a right knee brace. Exam McMurray's maneuver is noted as positive. Diagnosis is noted as internal derangement of the knee with a tear of the medial cartilage or meniscus of the knee. Treatment includes a continuation of medication and a right knee arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of post-operative crutches:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, 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) 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 medical necessity to warrant crutches postoperatively following knee surgery. Therefore the request is medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.