

Case Number:	CM15-0163471		
Date Assigned:	08/31/2015	Date of Injury:	03/12/2014
Decision Date:	09/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 injured worker is a 35 year old female who reported an industrial injury on 3-12-2014. Her diagnoses, and or impressions, were noted to include: pain in shoulder joint; lumbar region sprain-strain; pain in joint of lower leg; lumbar-lumbosacral degeneration disease; ankle-foot joint pain' and sprain-strain of the neck. No current imaging studies were noted. Her treatments were noted to include: injection therapy; physical therapy; medication management; and modified work duties. The progress notes of 7-2-2015 reported a visit note - "[REDACTED] Medication Refill Only". Objective findings were not noted. The physician's requests for treatments were noted to include bilateral forearm crutches as per the "[REDACTED]" "MD" progress note week #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Crutches for bilateral forearm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Knee and Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and leg section, Walking aids Knee and leg section, DME.

Decision rationale: Pursuant to the Official Disability Guidelines, crutches for the bilateral forearms are not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serving medical purpose and are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnoses are myofascial pain right side of neck and upper back; chronic lumbar strain, possible lumbar facet arthropathy; a chronic right knee pain with small tear medial meniscus (not a surgical candidate); chronic right ankle sprain with partial tear anterior talofibular ligament without frank tear; gait disturbance and severe depression. Date of injury is more 12 2014. Request authorization is July 10, 2015. According to a July 2, 2015 progress note from the [REDACTED] Functional Restoration Program, the injured worker subjectively has complaints of irritation to the axilla as a result of using crutches. The injured worker uses crutches to ambulate. It is unclear from the documentation why crutches are required given the nature of chronic right knee pain with a small medial meniscus tear (not a surgical candidate). Objectively, there is no documentation of axillary erythema or injury. There is no documentation of nerve palsy or compressive neuropathic symptoms. The July 2, 2015 progress note references the week one functional restoration program dates June 29, 2015 through July 2, 2015 for justification. Although the injured worker may require the requested forearm bilateral crutches, the objective documentation does not support them. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no objective documentation of axillary injury or physical findings indicating inflammation, crutches for the bilateral forearms are not medically necessary.