

Case Number:	CM15-0037342		
Date Assigned:	03/04/2015	Date of Injury:	07/05/2006
Decision Date:	04/14/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/27/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 injured worker is a 61 year old female who sustained an industrial injury on 7/5/06. The injured worker reported symptoms in the left knee and back. The diagnoses included osteochondral loose body, degenerative joint disease knee; right, and lower back pain. Treatments to date include status post right total knee replacement, anti-inflammatory medications, intra-articular Viscosupplementation injections, physical therapy, bracing, and activity modification. In a progress note dated 1/12/15 the treating provider reports the injured worker was with "left knee crepitus, effusion limited range of motion, medial joint line tenderness with effusion." The utilization review on 2/13/15 found the request for purchase of crutches to be non-certify due to lack of indication citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG) Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 336, 339-340.

Decision rationale: Purchase of crutches MTUS, Knee chapter, 336, 339-340 Per MTUS guideline, "Weight bearing helps avoid the adverse effects of non-weight-bearing, such as loss of muscle mass, loss of strength, and diffuse osteopenia. The knee disorders under discussion almost always can bear weight, as tolerated. For example, treatment could include a partial weight-bearing gait using crutches with the affected leg on the floor and with the weight distributed between crutches and leg by adjusting the amount of force applied with arms on the crutches. Even at the acute stage, however, patients can usually perform appropriate lower extremity exercises, and can remove the immobilizer for active range-of-motion exercises, at least twice a day. Using load-bearing exercises and movement is far more beneficial to the muscle, tendon, skeleton, and cartilage than is total rest, but it also is crucial to avoid overloading the knee." Furthermore the MTUS recommends the use of crutches during the acute period and for 1 to 2 weeks. In this case, the patient had knee surgery in 2011 and her most current visits states that her symptoms are stable. At this time there is no indication for crutches. As such, the request for purchase of crutches is not medically necessary.