

Case Number:	CM15-0041484		
Date Assigned:	03/11/2015	Date of Injury:	01/19/2004
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	03/04/2015

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: Illinois, California, Texas
 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:

The injured worker is a 68-year-old male who sustained an industrial injury on 1/19/04. He underwent right knee meniscectomy on 8/19/04 with known degenerative arthritis of the medial and patellofemoral compartments. The 4/18/14 bilateral knee x-ray report improvement documented bilateral tricompartmental degenerative changes, most advanced within the right patellofemoral joint, possible calcified intraarticular loose body on the right, and probable small joint effusion on the left. The 4/18/14 treating physician report indicated the patient was significantly improved post right knee injection. X-rays showed joint space narrowing of both knees along the medial compartment. Long term he may consider arthroscopic debridement and repair. Conservative treatment was recommended with re-injection in about 2 months. The 6/20/14 treating physician report cited significant bilateral pain and discomfort. The treatment plan recommended Celebrex and wrap around hinged knee supports to unload his knee joints. The 11/14/14 treating physician report cited knee pain with associated buckling, weakness and instability. Physical exam documented crepitus with range of motion, bilateral laxity, positive McMurray's test bilaterally, and positive varus and valgus stress, patellar grind, and patellar apprehension tests. The 1/12/15 treating physician report indicated that both knees were bothering him, left more than the right. He may need a left knee arthroscopy with meniscectomy and chondroplasty. The treatment plan recommended a left knee MRI to see if he had further damage or a tear. The 1/23/15 utilization review non-certified the request for crutches as the associated surgical intervention was not medically necessary.

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 (19th annual edition) and Official Disability Guidelines, Treatment in Workers Compensation (12th annual edition), 2014, Knee Chapter, Walking Aids (canes, crutches, braces, orthoses, and 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 (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS guidelines do not provide specific guidelines for post-op ambulatory assistant devices. The Official Disability Guidelines state that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. The post-operative use of crutches seems reasonable to allow for early post-op functional mobility. However, there is no documentation in the records that surgery has been certified. Therefore, this request is not medically necessary at this time.