

Case Number:	CM15-0060416		
Date Assigned:	04/06/2015	Date of Injury:	09/25/2014
Decision Date:	05/05/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker was a 25 year old female, who sustained an industrial injury, September 25, 2014. The injured worker previously received the following treatments left knee MRI, home exercise program Anaprox, Protonix, Norco and Left knee X-rays. The injured worker was diagnosed with left knee patellofemoral instability with chondromalacia patella causing locking and pain. According to progress note of February 6 2015, the treating orthopedic surgeon requested authorization for left knee surgery for symptomatic moderate effusion, lateral patellar tilt, crepitus and pain. On February 14, 2015, the injured workers chief complaint was pain in the left knee. The injured worker was complaining of anterior knee pain with locking. The physical exam noted moderate effusion and crepitus and pain about the patellofemoral joint. There was point tenderness with palpation at the medical joint line with decreased range of motion with flexion. The treatment plan included durable medical equipment purchase of crutches status post left knee surgery. It is clearly documented that she was previously dispensed crutches from the [REDACTED] on 10/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of crutches post-left knee surgery: 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).

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

Decision rationale: MTUS Guidelines do not address this issue in adequate detail. ODG Guidelines do support the use of crutches for limited post operative use, however there has been some controversy over the medical necessity of surgery. These issues are somewhat moot as it is clearly documented that this patient was dispensed crutches from the [REDACTED] on 10/5/14. She would not need another pair respective if surgery was performed or not. The request for post operative crutches is not medically necessary.