

<b>Case Number:</b>	CM15-0060703		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	08/17/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53 year old female, who sustained an industrial injury on 08/17/2013. She has reported subsequent bilateral knee pain and was diagnosed with right and left medial meniscus tears. Treatment to date has included oral pain medication, cortisone injections, physical therapy, a home exercise program and surgery. In a progress note dated 03/09/2015, the injured worker complained of bilateral knee pain with some occasional catching and locking of the left knee. Objective findings were notable for small effusion of the right knee, medial joint line tenderness, positive McMurray's test, left knee effusion, patellofemoral and medial joint line tenderness and positive McMurray's test. The treatment plan included a bilateral knee arthroscopy. A subsequent request for authorization of crutches was made.

### 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 (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 340.

**Decision rationale:** The claimant sustained a work-related injury in August 2013 and continues to be treated for bilateral knee pain. Being planned is left knee arthroscopic surgery with meniscectomy for a recurrent tear and loose body removal. When seen, there was joint line and patellar tenderness with crepitus and positive McMurray's testing bilaterally. Guidelines recommend activity modification including a partial weight-bearing gait using crutches for acute injuries. In terms of this request, although use of a walking aide such as a walker or crutches would likely be appropriate after the proposed surgery, the surgery has not been authorized, the claimant is currently not using an assistive device, and there is no new injury. Therefore, the request for bilateral crutches is not medically necessary at this time.