

Case Number:	CM15-0088041		
Date Assigned:	05/12/2015	Date of Injury:	06/07/2014
Decision Date:	06/12/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/07/2015

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, Oregon
 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 53 year old female who sustained an industrial injury on 06/07/2014. Current diagnoses include right shoulder impingement, right knee pain likely synovitis, and lumbar spine pain with radiculopathy. Previous treatments included medication management, injections, and physical therapy. Previous diagnostic studies include an MRI of the right knee, cervical spine, and lumbar spine, x-rays of the cervical spine, lumbar spine, right shoulder, and right knee, range of motion testing, EMG/NCV study, and functional capacity evaluation. Initial injuries occurred when she tripped and fell down on right buttock and right lower back and experienced pain in the right knee. Report dated 02/17/2015 noted that the injured worker presented with complaints that included pain in the cervical spine, right shoulder, left shoulder, right knee, and low back. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included discussing further treatment options, recommended pain management consultation, continued scapular stabilization and rotator cuff strengthening for the right shoulder, recommendation for steroid injection in the subacromial space, recommendation to undergo a right knee arthroscopy with possible synovectomy and possible chondroplasty with requests for pre-operative medical clearance, post-operative crutches, narcotic pain medicine, and 12 visits of physical therapy. Disputed treatments include post op crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative crutches: Overturned

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 and Leg Chapter, Walking Aids.

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

Decision rationale: The CA MTUS/ACOEM guidelines are silent regarding crutches. According to the ODG knee chapter, walking aids, recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which can use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals. In this case, the request is for crutches to use during the acutely painful post operative phase. The intent is to unweigh the operative leg and is therefore in keeping with the guidelines. Based on the above, the request is medically necessary.