

Case Number:	CM15-0240317		
Date Assigned:	12/17/2015	Date of Injury:	12/18/2013
Decision Date:	01/25/2016	UR Denial Date:	11/30/2015
Priority:	Standard	Application Received:	12/09/2015

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:

This injured worker is a 58-year-old female who sustained an industrial injury on 12/18/13. She was diagnosed with bilateral knee osteoarthritis, and medial meniscus tears. She underwent right knee arthroscopy with tricompartmental synovectomy, partial medial and lateral meniscectomies, and microfracture arthroplasty of the femoral trochlea on 9/29/15. A 9/29/15 prescription form for underarm spring assisted crutches did not document a specific rationale for this product. The 10/26/15 treating physician report cited grade 4/10 right knee pain and difficult with stairs. Body mass index was 47. Range of motion was 0-120 degrees with slight tenderness to palpation. Physical therapy was requested 3x6 for strengthening and range of motion. The 11/2/15 rehabilitation initial evaluation report cited complaints of bilateral knee pain, right greater than left. Pain was reported grade 3/10 at baseline, 5/10 currently, and 8/10 at worst. Difficulty was reported with ambulation and weight bearing, and standing and weight bearing. Symptoms increased with walking, standing, and sit to stand. Symptoms were decrease with rest and medications. Treatment goals included increased functional mobility and decreased pain. Physical exam documented knee range of motion 10-115 degrees left and 0-120 degrees right, with pain bilaterally. She had an antalgic gait with uneven weight distribution. Right lower extremity strength was 4-/5. The assessment included myofascial pain, deconditioning, and bilateral knee pain. Authorization was requested for two underarm articulating spring-assisted crutches. The 11/30/15 utilization review non-certified the request for two underarm articulating spring-assisted crutches as there was no rationale provided to support the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Underarm articulating spring assisted crutch x 2: 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 chapter, Walking aids (canes, crutches, braces, orthoses, and walkers).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration. 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 support the use of crutches for partial weight bearing for patients with knee complaints. 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 is consistent with guidelines. However, there is no compelling rationale presented to support the medical necessity of specialized crutches for this injured worker over standard crutches to assist with post-operative mobility. Therefore, this request is not medically necessary.