

Case Number:	CM14-0117030		
Date Assigned:	08/06/2014	Date of Injury:	12/20/2012
Decision Date:	10/08/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 46-year-old gentleman injured 12/20/12 when he slipped and fell. There are current complaints of left knee pain. He is with evidence of prior imaging including November, 2013, plain film radiograph showing medial joint space narrowing and osteophyte formation consistent with degenerative arthritis. Conservative treatment to date has included injections, physical therapy, medication management and home exercises. Recent clinical follow up of 06/20/14 reveals persistent knee complaints for which he has continued to utilize medications. Physical examination showed pain with resisted knee extension. No other clinical findings were documented. Claimant had previously undergone a right knee arthroscopy for diagnostic purposes in April, 2014. Reviewed was a prior CT arthrogram of the left knee showing medial joint space narrowing, osteophyte formation and spurring. There is currently no documentation to support meniscal pathology. There is current request for surgery to include a left knee arthroscopy, meniscectomy and debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Crutches for both knees for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340, 337.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee procedure Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: California MTUS Guidelines are silent. Official Disability Guidelines would currently not support bilateral crutches for purchase. The request in this case is postoperative in nature in relationship to a requested knee arthroscopy. There is currently no support for the claimant's knee surgical procedure in the form of arthroscopy. This individual has no indication of acute meniscal findings and clinical presentation is highly consistent with degenerative arthritis. The use of crutches postoperatively would not be supported at this time.