

Case Number:	CM14-0152154		
Date Assigned:	09/22/2014	Date of Injury:	05/13/2011
Decision Date:	12/17/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/18/2014

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 Orthopaedic 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 62-year-old male studio electrician sustained an industrial injury on 5/13/11. Injuries to the neck, low back, both shoulders, and both knees were reported due to repetitive work activities. Past surgical history was positive for low back and right shoulder surgery. Past medical history was positive for hypertension and type II diabetes. The 10/18/11 left knee MRI showed an oblique tear of the posterior horn of the medial meniscus. The 7/11/14 initial orthopedic report cited intermittent bilateral knee pain, equal in both knees, with occasional swelling. He experienced locking, buckling, and giving way of the knees. Pain increased with stairs, inclines and declines, bending, kneeling, stooping, and squatting. In the past, he had received injections for both knees without benefit. The bilateral knee exam documented range of motion 0-130 degrees, positive medial joint line tenderness, and positive McMurray's and Slocum's tests. There was a left knee effusion. Knee strength was 5/5. The diagnosis included bilateral knee internal derangement with medial meniscus tears. The patient had conservative treatment, including physical therapy. The treatment plan requested left knee arthroscopy and partial medial meniscectomy, pre-op medical clearance, post-op physical therapy, cold therapy unit, and crutches. The 8/4/14 right knee x-ray findings documented mild to moderate narrowing of the medial joint space without significant osteophytes, and minimal osteophytosis in the patellofemoral joint. The 8/4/14 left knee x-ray findings noted mild to moderate narrowing of the medial compartment, no significant osteophytosis of the medial and lateral joint, and mild osteophytosis at the patellofemoral joint. The 8/20/14 utilization review denied the request for post-operative crutches as the associated surgery was not established as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative 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), Treatment Index, 18th Edition, 2013, Updates: Knee Procedure- Walking Aids (canes, Crutches, Braces, Orthoses and Walkers)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338-340. 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. There is no indication in the available records that surgery has been found medically necessary. As the surgical request is not supported, this request is not medically necessary.