

Case Number:	CM14-0163896		
Date Assigned:	10/08/2014	Date of Injury:	12/14/2008
Decision Date:	11/13/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 14, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery in 2012; long- and short-acting opioids; unspecified amounts of physical therapy; and epidural steroid injection therapy. In a Utilization Review Report dated September 27, 2014, the claims administrator denied a request for forearm crutches. In a September 18, 2014 progress note, the applicant reported persistent complaints of low back and neck pain. The applicant apparently had housing issues and financial constraints. The applicant was apparently considering relocating to [REDACTED]. The applicant stated that she needed her pain medications to ambulate and that, without 10 Norco a day, she would need forearm crutches and/or a wheelchair to move about. The applicant exhibited limited lumbar range of motion. The applicant's gait was described as "significantly improved," in this particular progress note. Forearm crutches and Norco were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Forearm crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 301, 338.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 13, Table 13-3, page 338 does support partial weight bearing for one to two weeks in applicants with qualifying diagnoses, such as knee ligament strains, knee collateral ligament strains, cruciate ligament tears, etc., in this case, however, the applicant does not carry any of the aforementioned diagnoses. Rather, the applicant is apparently requesting crutches to help ambulate when she is having reported flares of low back pain. This is not an ACOEM-endorsed role for crutches, particularly in light of the fact that ACOEM Chapter 12, page 301 notes that every attempt should be made to maintain an applicant at maximum levels of activity. The request for crutches, however, would diminish the applicant's overall level of activity as opposed to advancing the same. Therefore, the request is not medically necessary.