

Case Number:	CM14-0217475		
Date Assigned:	01/07/2015	Date of Injury:	02/28/2010
Decision Date:	03/31/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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

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 39 year old male, who sustained an industrial injury on February 28, 2010. The diagnoses have included degenerative joint disease of bilateral knees, and bilateral patella tendinitis. Treatment to date has included pain medication, work modifications, TENS (transcutaneous electrical nerve stimulation) unit, steroid injection, home exercise program, and physical therapy. On September 23, 2014, the treating physician noted ongoing right knee pain. He also had left knee pain. Associated symptoms included locking, clicking, and giving away of the right knee. The pain awakens him at night. He continues to have difficulty with gait. The physical exam revealed a guarded gait, moderate tenderness to palpation over the bilateral medial and lateral joint lines, normal range of motion of bilateral knees, pain with flexion of the knees, and positive McMurray's test bilaterally. There was decreased sensation in the right lumbar 4, lumbar 5, sacral 1 dermatomes and mild decreased bilateral knee strength. On December 5, 2014 Utilization Review non-certified a request for crutches, noting the injured worker is not a candidate for right knee arthroscopy at this time. Therefore, postoperative crutches are not medically appropriate. The Official Disability Guidelines (ODG) was/were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin Board

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Knee and Leg, Walking aids

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 cane 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 there is lack of functional deficits noted in the exam note from 9/23/14 to warrant crutches. Therefore the determination is for non-certification.