

<b>Case Number:</b>	CM15-0113143		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	10/19/1999
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 73 year old female, who sustained an industrial injury on 10/19/1999, as a result of fall on a tile floor resulting in injury to left shoulder, and left knee. On provider visit dated 01/28/2015 the injured worker has reported left knee still hurts after steroid injection. On examination of the left knee range of motion was decreased. Positive McMurrays test was noted. The diagnoses have included other and unspecified derangement of medial meniscus. Treatment to date has included the injured worker was noted to have failed all conservative treatment and was recommended to proceed with surgical intervention of knee scope and menisectomy. MRI of the left knee 12/29/2014 revealed abnormal T2 hyperintensity involving peripheral margin of posterior horn of medial meniscus. And mild subcutaneous edema was noted about the knee. The provider requested 7 day rental of crutches for post-op left knee surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**7 day rental of crutches for post-op left knee surgery:** 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 and Leg , Walking Aids , updated May 5, 2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, durable medical equipment.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The equipment itself would qualify as defined by the ODG for durable medical equipment. However the clinical documentation indicates the surgery has not been approved and therefore the crutches for post-operative use would not be necessary and the request is not medically necessary.