

Case Number:	CM15-0119515		
Date Assigned:	06/30/2015	Date of Injury:	09/06/2013
Decision Date:	07/29/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/22/2015

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: California, Indiana, Oregon
 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 36 year old male, who sustained an industrial injury on 9/6/13. The injured worker has complaints of experiencing mechanical catching in his right knee with active flexion and extension. The documentation noted that he injured worker is unable to do short arc extensions because of the popping and pain he experiences. The documentation noted that the range of motion was 0-135 degrees and a palpable area crepitation was noted between 20 and 30 degrees of knee flexion. The diagnoses have included old disruption of anterior cruciate ligament and stiffness of joint, not elsewhere classified, lower leg. Treatment to date has included physical therapy; right anterior cruciate ligament reconstruction and home exercise program. The request was for post-operative crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op 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), Knee chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: The CA MTUS/ACOEM guidelines are silent regarding crutches. ODG knee chapter, walking aids is referenced. In this case there was a recent approval for surgery in 12/14 where crutches were dispensed. The DME issues should still be in serviceable shape for use at this time. Based on this, the request is not medically necessary.