

<b>Case Number:</b>	CM13-0017674		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/21/2010
<b>Decision Date:</b>	06/17/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 50 year-old male who was injured on 12/21/10. The IMR application shows a dispute with the 8/19/13 UR decision. The 8/19/13 UR letter is from [REDACTED] and denies a pair of crutches and a 7-day Game Ready Ice machine rental. The UR letter was based on an 8/12/13 authorization request, and 8/15/13 medical report from [REDACTED]. Unfortunately, neither of these documents were provided for this IMR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PAIR OF CRUTCHES BETWEEN 8/14/13 AND 9/28/13: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation ODG guidelines, Knee/leg chapter online for: Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** The ACOEM/MTUS guidelines do not address this issue, so the Official Disability Guidelines (ODG) were used. The patient presents with knee pain and difficulty walking following a 5/16/13 arthroscopic medial meniscectomy. He underwent partial right knee replacement on 10/1/13. The patient had difficulty walking since the 5/16/13 surgery and eventually underwent right knee partial replacement on 10/1/13. The ODG recommends walking aids, stating that assistive devices for ambulation can reduce pain associated with osteoarthritis. As such, the request is medically necessary.

**7 DAYS RENTAL OF GAME READY ICE MACHINE BETWEEN 8/14/13 AND 9/28/13:**  
Upheld

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

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

**Decision rationale:** The ACOEM/MTUS guidelines do not address this issue, so the Official Disability Guidelines (ODG) were used instead. The patient has right knee pain. He underwent arthroscopic meniscectomy on 5/16/13 and subsequently had right knee partial replacement on 10/1/13. The report that contained this request was not available for review. The ODG recommends cold therapy units for up to 7-days postoperative. The patient had surgery on 5/16/13 and on 10/1/13. The request for the cold therapy unit is for 8/14/13 to 9/28/13. This timeframe is not within the 7-day postoperative timeframe. As such, the request is not medically necessary.