

Case Number:	CM14-0156317		
Date Assigned:	09/25/2014	Date of Injury:	06/24/2011
Decision Date:	11/06/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a 63-year-old male patient who sustained an industrial injury on 06/24/2011. Diagnoses include obesity and osteoarthritis involving lower leg. The mechanism of injury was a twisting injury when he slipped on some solvent on the floor at work. Previous treatment has included diagnostic studies including X-rays of the right knee performed on 08/01/14, which revealed minimal patellar bone spurs. Conservative treatment included physical therapy, bracing, activity modification, injections, and oral medications. A request for a front wheel walker left knee was not certified on 08/26/14 at utilization review. The reviewing physician noted that guidelines recommended frames or wheeled walkers for patients with bilateral disease. The patient was noted to be considering surgical intervention with a right total knee arthroplasty, but it was unclear from the documentation whether the patient's left knee replacement had been authorized. Most recent progress note provided for review is dated 08/01/14 and a patient presenting with complaints of left knee pain. He takes Celebrex 200 mg 1 tablet daily for underlying left knee arthritis. He is currently not working. It was also noted he has been taking Norco for the past 2 and half years and does not want to become dependent on pain medication. He has pain and swelling whenever he walks. It was noted the patient is ready to proceed with a total knee replacement. Physical examination revealed left knee tenderness to palpation at the medial joint line. Left knee moderate swelling and effusion was noted with varus alignment. Range of motion was limited due to swelling. Muscle strength was 5/5 at the quadriceps and hamstrings bilaterally with normal sensation bilaterally. There was trace valgus stress and positive Apley's grind on the left. It was again noted the patient is ready to proceed with a left total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Front Wheel Walker Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG), Treatment Index, 11th Edition (web), Knee & Leg, Walking aids (canes, crutches, braces, orthoses & walkers)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking Aides

Decision rationale: The CA MTUS does not specifically address front-wheeled walker. ODG guidelines state "Almost half of patients with knee pain possess a walking aid... Frames or wheeled walkers are preferable for patients with bilateral disease." In this case, there is no documentation of the patient having bilateral disease. There is no documentation of failure of the use of a cane. There was no clear rationale indicating why a front wheeled walker as prescribed, although it appears to be with anticipation of the patient undergoing a total knee arthroplasty. However, there is no documentation that this surgical procedure has been authorized. Therefore, the medical necessity of a front-wheeled walker is not established.