MAXIMUS Federal Services

Case Number:	CM13-0060514		
Date Assigned:	12/30/2013	Date of Injury:	06/28/2012
Decision Date:	05/20/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application	12/03/2013

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 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:

The patient is a 55 year old female with a date of injury of 6/26/2012. The injured worker's relevant diagnoses were bilateral knee derangement, as well as cervical, thoracic, and lumbar sprain/strain. Submitted records indicate the patient had right knee surgery on 9/19/2013 for grade III meniscal tear. The provider submitted a request for a wheel chair for purchase and rollator ambulation device for purchase, which was denied by utilization review. She has gone through a course of physical therapy and states her knee is "not healing." The patient indicated the crutches caused hand, shoulder, and lumbar pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

WHEELCHAIR FOR PURCHASE: 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, SECTION ON WHEELCHAIRS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE CHAPTER, SECTION ON WHEELCHAIRS.

Decision rationale: The California Medical Treatment and Utilization Schedule does not specifically address wheelchairs. The Official Disability Guidelines Knee and Leg Chapter state: "Recommend manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. Reclining back option recommended if the patient has a trunk cast or brace, excessive extensor tone of the trunk muscles or a need to rest in a recumbent position two or more times during the day. Elevating leg rest option recommended if the patient has a cast, brace or musculoskeletal condition, which prevents 90-degree flexion of the knee, or has significant edema of the lower extremities. Adjustable height armrest option recommended if the patient has a need for arm height different than that available using non-adjustable arms. A lightweight wheelchair is recommended if the patient cannot adequately self-propel (without being pushed) in a standard weight manual wheelchair, and the patient would be able to self-propel in the lightweight wheelchair. (CMS, 2007) For powered wheelchairs, see Power mobility devices (PMDs)." This injured worker had right knee surgery on 9/19/2013 for grade III meniscal tear. Post-operatively she completed physical therapy. A progress note on 10/3/2013 indicates she was ambulating with crutches, and had difficulty standing and flexing her knees. A subsequent progress note on 12/19/2013 indicates that the patient's "crutches are causing back pain." The patient continues to have difficulty flexing her knees and difficulty standing. Another progress note on 12/13/13 indicates that patient's knee gives out some of the time. However, there does not appear to be any physical therapy trial of other walking aids such as a walker to see if that would suffice for this patient's condition. This request is not recommended.

ROLLATOR AMBULATION DEVICE FOR PURCHASE: Overturned

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, SECTION ON WALKING AIDS: (CANES, CRUTCHES, BRACES, ORTHOSES, AND 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 CHAPTER, SECTION ON WALKING AIDS: (CANES, CRUTCHES, BRACES, ORTHOSES, AND WALKERS).

Decision rationale: The California Medical Treatment and Utilization Schedule does not specifically address canes. The Official Disability Guidelines Knee and Leg Chapter state: "Walking aids (canes, crutches, braces, orthoses, & walkers) 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. (Van der Esch, 2003) There is evidence that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone, a laterally wedged insole (orthosis) decreases NSAID intake compared with a neutral insole, patient compliance is better in the laterally wedged insole compared with a neutral insole, and a strapped insole has more adverse effects than a lateral wedge insole. (Brouwer-Cochrane, 2005) Contralateral cane placement is the most efficacious for persons with knee osteoarthritis. In fact, no cane use may be preferable to ipsilateral cane usage as the latter

resulted in the highest knee moments of force, a situation which may exacerbate pain and deformity. (Chan, 2005) While recommended for therapeutic use, braces are not necessarily recommended for prevention of injury. (Yang, 2005) Bracing after anterior cruciate ligament reconstruction is expensive and is not proven to prevent injuries or influence outcomes. (McDevitt, 2004) Recommended, as indicated below. Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. (Zhang, 2008) While foot orthoses are superior to flat inserts for patellofemoral pain, they are similar to physical therapy and do not improve outcomes when added to physical therapy in the short-term management of patellofemoral pain. (Collins, 2008) In patients with OA, the use of a cane or walking stick in the hand contralateral to the symptomatic knee reduces the peak knee adduction moment by 10%. Patients must be careful not to use their cane in the hand on the same side as the symptomatic leg, as this technique can actually increase the knee adduction moment. Using a cane in the hand contralateral to the symptomatic knee might shift the body's center of mass towards the affected limb, thereby reducing the medially directed ground reaction force, in a similar way as that achieved with the lateral trunk lean strategy described above. Cane use, in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biomechanical load experienced by the lower limb. 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. (Reeves, 2011) See also U-Step walker." This injured worker had right knee surgery on 9/19/2013 for grade III meniscal tear. Post-operatively she completed physical therapy. A progress note on 10/3/2013 indicates she was ambulating with crutches, and had difficulty standing and flexing her knees. A subsequent progress note on 12/19/2013 indicates that the patient's "crutches are causing back pain." The patient continues to have difficulty flexing her knees and difficulty standing. Another progress note on 12/13/13 indicates that patient's knee gives out some of the time. There is also documentation of left knee pathology, and surgery is discussed as a future option. Given this clinical picture, the request for a rollator walker is appropriate and is recommended for certification.