

Case Number:	CM13-0070414		
Date Assigned:	01/08/2014	Date of Injury:	06/21/2006
Decision Date:	05/13/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

AXIMUS 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 & Rehabilitation 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 52 year-old female sustained an injury on June 21, 2006 while employed by [REDACTED]. A report dated December 2, 2013, from the provider, stated that the patient had complaints of right knee pain affecting her sleep and activity of daily living. She had a successful right total knee arthroplasty. Previous history included a left knee arthroscopic meniscectomy in 2008, a right knee meniscectomy, and a left patellofemoral arthroplasty in 2009. Conservative care has included NSAIDs, activity modification, physical therapy and injections. Exam showed that the right knee was wrapped with surgical gauze; and there was not any ankle edema. The patient had crutches. Medications include Celebrex and Flexeril. A physical therapy report dated December 3, 2013 indicated that the patient had right knee pain rated at 2/10. Diagnosis included right knee pain, status post (s/p) a right total knee arthroplasty (TKA), with a treatment plan for urgent home health physical therapy three times a week for two weeks for right knee. There is an approval notification dated August 22, 2013 with certification of a right TKA with pre-operative medical clearance and 2 days of hospital stay post-surgery. A request for an urgent 4-Wheel Walker with seat and 3-in-1 commode was non-certified on December 5, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 WHEEL WALKER WITH SEAT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) rolling knee walker, page 39, pages 358-359

Decision rationale: The request under consideration is for a 4-Wheel Walker with seat. The Official Disability Guidelines states that disability, pain, and age-related impairments determine the need for a walking aid; however, medical necessity for the request of a walker has not been established as no specific limitations in activities in daily living (ADLs) have been presented. Recent physical therapy notes that the patient has knee pain rated at 2/10 while taking Celebrex and Flexeril. The provider noted that the patient is ambulating with crutches without documented difficulties or specific neurological deficits defined that would hinder any ADLs. The patient has been participating in outpatient office visits without issues and does not appear to be home bound. Guidelines also note that framed or wheeled walkers are preferable for patient with bilateral disease, which is not the case presented. The submitted reports have not demonstrated adequate support for a 4-wheeled walker with seat from clinical perspective and findings. The 4-Wheel Walker with seat is not medically necessary and appropriate.

3 IN 1 COMMODE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable medical equipment (DME), pages 297-298

Decision rationale: The request under consideration is for a 3-in-1 commode. Although the ACOEM and MUTS guidelines do address durable medical equipment (DME), the Official Disability Guidelines states they are generally recommended when there is a medical need or if the device or system meets Medicare's definition and criteria. The Guidelines note that although most bathroom and toilet supplies do not serve a medical purpose, certain medical conditions resulting in physical limitations that require environmental modifications for prevention of injury are considered not primarily medical in nature. Regarding DME toilet items, such as commodes, they are medically necessary if the patient is bed- or room-confined and may be prescribed as a part of the medical treatment for significant injury or infection resulting in physical limitations not seen here. The patient is participating in outpatient office visits and using crutches without difficulties, with a pain level rated at 2/10, while taking Celebrex and Flexeril. The submitted reports have not adequately demonstrated the support for this DME as medically indicated and have failed to identify any physical limitations requiring such a DME. The 3-in-1 commode is not medically necessary and appropriate.