

Case Number:	CM14-0001860		
Date Assigned:	01/22/2014	Date of Injury:	01/05/1990
Decision Date:	03/25/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 physician 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 66-year-old female who reported an injury on 01/05/1990. The mechanism of injury was not submitted. The patient was diagnosed with status post knee replacement. The documentation stated that the patient was doing well. The patient had minimal discomfort. The patient's range of motion, strength and function were improving. The patient's incision was clean and dry. The patient's range of motion was 0 to 120 degrees. The patient was reported to have excellent stability. The documentation stated that the patient's quadriceps tone was coming along nicely. The treatment plan included the continuation of exercises. The patient was recommended to resume normal activities

IMR ISSUES, DECISIONS AND RATIONALES

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

Front Wheeled Walker Qty:1.00: 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), Walking aids

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

Decision rationale: CA MTUS/ACOEM does not address the request. The Official Disability Guidelines state that frames or wheeled walkers are preferable for patients with bilateral disease. The patient is status post knee replacement; however, the documentation submitted for review indicated that the patient was stable with minimal to no discomfort. Also, the patient was recommended to resume normal activities. The documentation submitted for review does not support medical necessity. Given the lack of documentation to support the guideline criteria, the request is non-certified