

<b>Case Number:</b>	CM14-0104448		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/30/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Orthopaedic Surgery, 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 male sustained an industrial injury on 8/30/12, relative to a fall. The patient underwent left knee arthroscopy with debridement on 11/30/12. The 11/23/13 left knee MRI impression documented moderate degenerative spurring of the condyles and medial and lateral tibial plateau consistent with osteoarthritis, and moderate large joint effusion. The 5/23/14 treating physician report cited frequent grade 8/10 left knee pain radiating into the leg with associated giving out. The patients calculated body mass index was 33. Left knee exam documented range of motion 0-120 degrees, tenderness over the medial and lateral joint lines, positive patellofemoral grind test, and 5/5 quadriceps and hamstring muscle strength. MR arthrogram findings documented occult tearing of the medial meniscus and significant posttraumatic osteoarthritis of the left knee. The patient had failed extensive conservative treatment including physical therapy, medication management, activity restrictions, and Supartz injections. The treatment plan recommended total knee arthroplasty. The 6/19/14 utilization review denied the request for a walker as the associated total knee arthroplasty was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Walker:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** Under consideration is a post-operative request for a walker. The California MTUS do not provide specific criteria for the use of walkers. The Official Disability Guidelines stated that walking aids are recommended for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices. The use of a walker following total knee arthroplasty would be consistent with criteria. There is no documentation relative to the current status of the surgical request. Given authorization of the related total knee arthroplasty, this request for one walker would be medically necessary.