

Case Number:	CM14-0010895		
Date Assigned:	01/29/2014	Date of Injury:	08/06/2003
Decision Date:	02/04/2014	UR Denial Date:	01/17/2014
Priority:	Expedited	Application Received:	01/28/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 51-year-old female. Patient's date of injury 6 August 2003. Mechanism is not documented in the clinical record. The patient underwent left total knee arthroplasty on July 31, 2012. The patient developed a postoperative infection to his knee. She recently underwent removal of the prosthesis and placement of the cemented total knee spacer in December 2013. The patient has been treated with IV antibiotics in preparation for revision. The patient was seen on January 13, 2014 and the left knee was aspirated and demonstrates no growth of organism. The patient was diagnosed with resolved left knee osteoarthritis and is now prepared to undergo left knee total arthroplasty revision. The patient has had physical therapy and ultrasound of the lower extremity which did not document deep vein thrombosis. At issue is whether urgent crutches and a walker are medically necessary

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT crutches and a walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition (2008), pages 1015-1017, Table 13-3; and ODG, Knee and Leg, Walking Aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM) Guidelines, 2nd Edition (2008), pages 1015-1017, Table 13-3; and Official Disability Guidelines (ODG), Knee and Leg, Walking Aids.

Decision rationale: The medical records indicate that the patient recently underwent removal of the cement spacer recently in December 2013. The postoperative course from the surgery would entail the use of a walker and crutches. It is expected that the patient would still have access to the walker and crutches from the recent surgery in December 2013. The medical records document that the patient was already using crutches. Therefore, request for a new walker and crutches are not medically necessary at this time.