

Case Number:	CM14-0157591		
Date Assigned:	09/30/2014	Date of Injury:	06/30/2009
Decision Date:	11/05/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational 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:

Patient is a 50 year-old female with date of injury 06/30/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/19/2014, lists subjective complaints as pain in the low back and right knee. Objective findings: Examination of the right knee revealed persistent anterior cruciate ligament (ACL) laxity, medial and lateral joint pain, and positive patellofemoral crepitation. Lumbar spine: Severe pain noted across the back. Patient cannot bend. Pain radiation to the right leg along the S1 distribution and L5 distribution. Patient cannot heel-toe walk. Tenderness to palpation was noted over the midline and along the bilateral lumbar facet joints. Deep tendon reflexes were 1+ bilaterally. Diagnosis: 1. Lumbar Discogenic disease with radiculopathy 2. Spondylolisthesis L4-5 3. Right knee internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of walker with seat: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 (Acute & Chronic), Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: According to the Official Disability Guidelines, disability, pain, and age-related impairments seem to determine the need for a walking aid. There is more than adequate documentation in the medical record that the patient needs a walker for safe ambulation. The request is medically necessary.

TENS unit for home use: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The MTUS does not recommend a transcutaneous electrical nerve stimulation (TENS) unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is documentation that the patient meets the criteria necessary for replacement of a TENS unit. The request is medically necessary.