

<b>Case Number:</b>	CM14-0164640		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Orthopedic 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:

58-year-old male claimant with an industrial injury dated 04/04/11. The patient is status post a right total knee replacement as of 01/10/14, and completed 24 sessions of post-op physical therapy. Exam note 08/14/14 states the patient returns with severe knee pain. The patient explains that he has minimal pain with walking and he is able to squat and lift objects. However, he has difficulty when walking down a hill or stairs due to instability caused by the lateral knee pain. The patient had myofascial restrictions to the posterior hip/lateral knee, flexibility deficits in the hip, especially into external rotation, mild patellofemoral joint restriction, lower extremity weakness, impaired joint integrity in the tibiofemoral joint AP, and gait dysfunction. It is noted that is has limited the patient's ability to walk on uneven surfaces, descend downstairs, and walk downhill. The patient demonstrates a full knee flexion but does not have full mobility. Also it is noted that there is excessive crepitus in the knee with tibial translation and there was significant anterior translation of the tibia with anterior drawer test. Diagnosis is noted as osteoarthritis primarily in the lower leg. Treatment includes additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase cane for the right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

**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

**Decision rationale:** The CA MTUS/ACOEM guidelines are silent regarding canes. According to the ODG knee chapter, walking aids, "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals." In this case the patient has history of osteoarthritis in the knee and is status post total knee replacement with persistent pain and disability. It is noted the patient has difficulty with ambulation from the records of 8/14/14. Therefore, this request for use of a cane is medically necessary.