

Case Number:	CM14-0165319		
Date Assigned:	10/09/2014	Date of Injury:	12/30/2004
Decision Date:	12/11/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/06/2014

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:

This is a 65-year-old female with a 12/30/04 date of injury. The mechanism of injury occurred when she tripped and injured her left knee. According to a progress report dated 6/13/14, the scheduling for a left knee revision total knee replacement was pending. The provider has requested a walker with a seat as she had frequent giving way of the left knee due to failed total knee replacement and weakness and the use of a cane is not enough. Objective findings: limited to vital signs. Diagnostic impression: status post left knee total arthroscopy (5/4/05), lumbar spine sprain and bilateral sciatica, cervical spine sprain with left upper extremity radiculopathy, status post right shoulder arthroscopic surgery. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 9/4/14 modified the request for a walker with a seat to a standard walker. The necessity of a specialized walker with a seat is not clearly established. The need for a standard walker to help alleviate weight bearing during the postoperative rehabilitation and convalescence phase would be reasonable as the patient is scheduled for left knee revision total knee replacement and reduction of weight bearing in the immediate postoperative phase will be indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker with a seat: Upheld

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

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 Chapter Other Medical Treatment Guideline or Medical Evidence: Medicare National Coverage Determinations Manual

Decision rationale: ODG states that walking aids are recommended. In addition, the Medicare National Coverage Determinations Manual states that Mobility Assistive Equipment is reasonable and necessary for personal mobility deficits sufficient to impair participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home. However, in the present case, the provider has requested a walker with a seat because the patient had frequent giving way of the left knee due to failed total knee replacement and weakness and the use of a cane is not enough. The UR decision dated 9/4/14 modified this request to certify a standard walker. A specific rationale as to why this patient requires a specialized walker with a seat as opposed to a standard walker has not been provided. Therefore, the request for Walker with a seat was not medically necessary.