

<b>Case Number:</b>	CM14-0025474		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/19/2010
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The injured worker is a 51 year old female whose date of injury is 05/19/2010. She was descending a ladder when she struck her right knee. She underwent arthroscopic medial meniscectomy in September 2010 followed by a course of postoperative physical therapy. She also tried injection therapy. Progress note dated 12/10/13 indicates that the injured worker continues to work full time. She was recommended to undergo right total knee arthroplasty. Progress note dated 03/17/14 is a poor copy and exceedingly difficult to interpret.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FRONT WHEELED WALKER #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on the clinical information provided, the request for front wheeled walker #1 is not recommended as medically necessary. There is insufficient clinical information

provided to support this request. There is no current, detailed physical examination submitted for review and no clear rationale is provided to support a wheeled walker at this time.