

Case Number:	CM14-0033869		
Date Assigned:	08/15/2014	Date of Injury:	05/09/2011
Decision Date:	11/26/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/18/2014

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 and Oklahoma. 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 67-year-old female who reported an injury on 05/09/2011. The mechanism of injury occurred due to a fall. Her diagnoses included osteoarthritis of the knee, knee pain, and hip pain. The injured worker's past treatments included a corticosteroid injection into the right knee, medications, and a walker. The injured worker's diagnostic exams included a MRI of the right hip, x-ray of the bilateral knees, and x-ray of the lumbar spine. The injured worker's surgical history included a right knee arthroscopy in 1994. On 02/05/2014, the injured worker complained of constant pain that was in her right knee and right hip. She also indicated that she had difficulty sleeping and has been taking her husband's pain medication. She was currently walking with her walker at the time of the clinical visit on 02/05/2014. The physical exam revealed 1+ right knee effusion, tenderness to the medial joint line, and crepitus with pain. The injured worker's motor strength and neurological exams were negative. Her medications included hydrocodone/acetaminophen 10/325 mg, Delta D3 400 unit tabs. The treatment plan consisted of the replacement of her broken walker and the re-evaluation of her back. A request was received for a front wheeled walker. The rationale for the request was not clearly indicated in the clinical notes. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Front Wheeled Walker: Overturned

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

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, Walking aids

Decision rationale: The request for a front wheeled walker is medically necessary. The Official Disability Guidelines recommend walking aides such as a, front wheeled walker, for patients with knee osteoarthritis. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Based on the clinical notes, the injured worker had a previous front wheeled walker which broke. She presented to the office visit on 02/05/2014, with her husband's old walker due to the inability to use her own. The clinical notes indicated the she had a diagnosis of osteoarthritis of the knee that causes constant pain of the knee. Also, the continued use of her husband's walker for mobility warrants the replacement of her previous front wheeled walker. Therefore, based on documentation indicating that she had a previous walker, which broke and indication of her age and continued mobility impairments, the request is supported. Thus, the request for a front wheeled walker is medically necessary.