

Case Number:	CM14-0054093		
Date Assigned:	07/07/2014	Date of Injury:	03/25/2011
Decision Date:	08/19/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/23/2014

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 Interventional Spine 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:

The patient is a 48-year-old female with date of injury of 03/25/2011. The listed diagnoses per [REDACTED] dated 04/01/2014 are: 1. Degenerative joint disease, bilateral knees. 2. Bilateral knee pain. According to this report, the patient complains of bilateral knee pain. The progress report dated 02/25/2014 documents a physical examination showing both knees having some mild swelling. She has significant grinding and crepitation bilaterally in the patellofemoral joint. Range of motion is 0 to 125 in bilateral knees. Ligament show good stability in both knees. She has medial and lateral joint line tenderness specifically in the left knee and worse on the lateral joint line. McMurray sign is positive. Neurovascular status is intact. Strength is normal. The utilization review denied the request on 04/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Raised Commode: Overturned

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), Durable Medical Equipment (DME).

Decision rationale: This patient presents with bilateral knee pain. The treater is requesting a postoperative raised commode. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines under durable medical equipment states that it is generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Certain DME toilet items such as commodes, bedpans are medically necessary if the patient is bed or room confined and devices such as raised toilet seats, commode chairs, sitz bath, and portable whirlpool may be medically necessary when prescribed as a part of a medical treatment plan for injury, infection, or conditions that results in physical limitations. The request is medically necessary.

Postoperative Walker for the right knee: Overturned

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

Decision rationale: This patient presents with bilateral knee pain. The treater is requesting postoperative walker for the right knee. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines on walking aids states that almost half of patients with knee pain possess a walking aid. Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. In this case, the patient does present with osteoarthritis of the bilateral knees and while the request is for postoperative use, the patient can benefit from a walking aid to reduce pain and help with ambulation. The request is medically necessary.

Postoperative Purchase of a Cane: Overturned

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

Decision rationale: This patient presents with bilateral knee pain. The treater is requesting postoperative Cane for the right knee. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines on walking aids states that almost half of patients with knee pain possess a walking aid. Assistive devices for ambulation can reduce pain associated with OA. In patients with OA, the use of a cane or walking stick in the hand contralateral to the symptomatic knee reduces the peak knee adduction moment by 10%. The use of a cane and walking slowly could be simple and effective intervention strategies with patients with OA. In this case, the patient does present with osteoarthritis of the bilateral knees and while the request

is for postoperative use, the patient can benefit from a walking aid to reduce pain and help with ambulation. The request is medically necessary.