

Case Number:	CM14-0064432		
Date Assigned:	09/05/2014	Date of Injury:	11/16/2009
Decision Date:	10/15/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/07/2014

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:

This is a 54-year-old male claimant with reported industrial injury of November 16, 2009. Exam note from March 21, 2014 demonstrates pain in the neck, right shoulder, lumbar spine and right knee. Examination discloses reduced range of motion in the cervical spine with palpable tenderness. Right knee exam demonstrates range of motion from 0-120. There is probable tenderness over the medial aspect of the knee and the patellofemoral grind test was noted to be positive. It is noted the patient has had a prior medial lateral meniscectomy and has developed medial joint space narrowing of 1 mm. Radiographic examination from 11/21/2013 demonstrates significant medial compartment osteoarthritis. MRI of the right knee from April 13, 2013 demonstrates osteochondritis of the articular surfaces of the medial femoral condyle and medial tibial plateau. There is a moderate-sized sub-patellar effusion extending to the anterolateral compartment and minimal osteoarthritis. Utilization review denial of right knee partial knee replacement is noted on 4/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment, 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 (Acute & Chronic); Medicare National Coverage Determinations Manual

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: CA MTUS/ACOEM is silent on the issue of walking aids. According to the ODG, Knee and Leg, Walking aids, is recommended for patients with disability, pain and age related impairments. In this case there is sufficient evidence from the records from 3/21/14 of significant osteoarthritis in the knee and pain in the knee to warrant a walking aid. The request for a walker is therefore medically necessary and appropriate.