

Case Number:	CM14-0079962		
Date Assigned:	07/18/2014	Date of Injury:	11/15/2009
Decision Date:	08/18/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/30/2014

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 63-year-old male with date of injury of 11/15/2009. The listed diagnoses per [REDACTED] dated 05/02/2014 are: Chronic low back pain; Bilateral cubital tunnel syndrome; Aggravation of the left knee arthritis due to antalgic gait; Tricompartmental osteoarthritis; Various medical issues associated with chronic low back pain; and Opioid dependence. According to this report, the patient has pain involving multiple body parts. He mostly reports lower extremity, right elbow/hand pain. He reports lower extremity pain, weakness, numbness, and continued impairment to weight bearing activities. The patient relies on a walker to get around, but his is falling apart. The patient requires the use of VESicare daily to help manage chronic pain symptoms. The objective findings show the patient is relatively comfortable ambulating with the use of a four-wheeled walker. There are no acute neurological findings noted. His current walker is rather worn, with the rubber handles breaking apart and the brakes no longer working well. The Utilization Review was denied on 05/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

New Invacare 4 wheel walker with brakes: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) knee & Leg (updated 03/31/14) Walking Aids.

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) ODG Guidelines.

Decision rationale: ODG Guidelines state that almost half of patients with knee pain possess a walking aid. Assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral disease. In patients with osteoarthritis, the use of a cane or a walking stick in the hand contralateral to the symptomatic knee reduces the adduction moment by 10%. The use of a cane and walking slowly could be simple and effective intervention strategies in patients with osteoarthritis. In this case, the patient does present with arthritis of the knees, and a replacement walker for the patient's current wheeled-walker is reasonable. As such, the request is medically necessary.

2 Canes: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Knee & Leg (updated 03/31/14) walking Aids.

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) ODG Guidelines.

Decision rationale: ODG Guidelines state that almost half of patients with knee pain possess a walking aid. Assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral disease. In patients with osteoarthritis, the use of a cane or a walking stick in the hand contralateral to the symptomatic knee reduces the adduction moment by 10%. The use of a cane and walking slowly could be simple and effective intervention strategies in patients with osteoarthritis. In this case, the patient does present with arthritis of the knees, and a cane is reasonable for ambulation. Having a spare cane is appropriate as well. As such, the request is medically necessary.