

Case Number:	CM14-0107157		
Date Assigned:	08/01/2014	Date of Injury:	03/25/2011
Decision Date:	01/06/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/10/2014

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 Occupational Medicine 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:

There were 54 pages provided for this review. The application for Independent Medical Review was signed on 7-10-14 and it was for a cane, raised commode and walker. The patient has clinical and imaging findings consistent with tricompartmental osteoarthritis. There was no mention of injections, bracing or physical therapy. No BMI is documented. The MRI showed a probable enchondroma, which has not been addressed in the clinical notes. There was also a consideration for knee surgery that underwent utilization review; that surgery was not approved. As surgery was not approved, post-surgical DME like a cane is not clinically essential, and so was appropriately not certified from that perspective. Also, it is not clear of the magnetite of the osteoarthritis on its own accord to warrant the need for a cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (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), Knee, and Foot and Ankle, Walking Aids

Decision rationale: According to the Official Disability Guidelines, "almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. There is evidence that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone, a laterally wedged insole (orthosis) decreases NSAID intake compared with a neutral insole, patient compliance is better in the laterally wedged insole compared with a neutral insole, and a strapped insole has more adverse effects than a lateral wedge insole. Contralateral cane placement is the most efficacious for persons with knee osteoarthritis. In fact, no cane use may be preferable to ipsilateral cane usage as the latter resulted in the highest knee moments of force, a situation which may exacerbate pain and deformity. While recommended for therapeutic use, braces are not necessarily recommended for prevention of injury. Bracing after anterior cruciate ligament reconstruction is expensive and is not proven to prevent injuries or influence outcomes. Recommended, as indicated below. Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. While foot orthoses are superior to flat inserts for patellofemoral pain, they are similar to physical therapy and do not improve outcomes when added to physical therapy in the short-term management of patellofemoral pain." As the surgery was not certified, post-surgical durable medical equipment (DME) like a cane is not clinically essential. Also, it is not clear of the magnitude of the osteoarthritis on its own accord to warrant the need for a cane. Therefore, this request is not medically necessary.

Raised commode: 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 Other Medical Treatment Guideline or Medical Evidence: Wheelless Orthopedics, regarding Post-Surgical Care and Durable Equipment

Decision rationale: According to the guidelines, a commode is used post-surgery to facilitate defecation and urination when mobility to an actual rest room is not possible. As the surgery was not certified, post-surgical durable medical equipment (DME) like a commode is not clinically essential. Therefore, the request is not medically necessary.

Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (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), Knee, and Foot and Ankle, Walking Aids

Decision rationale: The California MTUS guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding walking aids such as this walker, the Official Disability Guidelines notes: Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. (Van der Esch, 2003) There is evidence that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone, a laterally wedged insole (orthosis) decreases NSAID intake compared with a neutral insole, patient compliance is better in the laterally wedged insole compared with a neutral insole, and a strapped insole has more adverse effects than a lateral wedge insole. (Brouwer-Cochrane, 2005) Contralateral cane placement is the most efficacious for persons with knee osteoarthritis. In fact, no cane use may be preferable to ipsilateral cane usage as the latter resulted in the highest knee moments of force, a situation which may exacerbate pain and deformity. (Chan, 2005) While recommended for therapeutic use, braces are not necessarily recommended for prevention of injury. (Yang, 2005) Bracing after anterior cruciate ligament reconstruction is expensive and is not proven to prevent injuries or influence outcomes. (McDevitt, 2004) Recommended, as indicated below. Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. (Zhang, 2008) While foot orthoses are superior to flat inserts for patellofemoral pain, they are similar to physical therapy and do not improve outcomes when added to physical therapy in the short-term management of patellofemoral pain. (Collins, 2008) As shared previously, as the surgery was not certified, post-surgical durable medical equipment (DME) like a walker is not clinically essential. Also, it is not clear of the magnitude of the osteoarthritis on its own accord to warrant the need for a walker regardless of surgery. Therefore, this request is not medically necessary.