

Case Number:	CM14-0186803		
Date Assigned:	11/14/2014	Date of Injury:	12/11/2011
Decision Date:	01/05/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/10/2014

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 Emergency Medicine and is licensed to practice in Wisconsin. 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 54-year-old female who reported an injury on 12/11/2011. The mechanism of injury was reportedly occurred when the injured worker was packing some bread and she tried to reach for a master box. Her diagnoses were noted to include bilateral shoulder impingement syndrome with tendinitis/bursitis, right shoulder rotator cuff tear, bilateral knee chondromalacia of patella, right knee medial meniscus tear versus degeneration. Diagnostic studies included an x-ray performed on 02/25/2014, an MRI of the right shoulder performed on 01/17/2013, and an MRI of the right knee performed on 01/17/2013. On 09/03/2014, the injured worker complained of continuing and severe pain to the right shoulder and right knee. Physical examination revealed tenderness to palpation over the acromioclavicular joint, biceps tendon, and lateral acromion and deltoid. There was crepitus in the shoulder with abduction and internal rotation. Current medications were not listed. The treatment plan included a cortisone injection, a cane, and a re-evaluation. A request was received for purchase of a cane for the right knee. The rationale for the request was to assist in stabilization and mobility. Prior treatments include medications and injections. 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:

Purchase of Cane for Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment Index, 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 the purchase of a cane for the right knee is not medically necessary. Official Disability Guidelines recommend the use of walking aids for patients with knee pain and that there is evidence that a brace has additional beneficial effect compared with medical treatment alone in patients with knee osteoarthritis. Clinical notes indicate that the injured worker complained of continuing severe pain to the right shoulder and right knee and had difficulty going up and down stairs. However, there was no documented evidence of a physical exam including the knee to indicate if use of a cane is pertinent. In the absence of documentation indicating a cane is warranted, the request is not supported. Therefore, the request is not medically necessary.