

<b>Case Number:</b>	CM14-0191902		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	05/04/2011
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Family Practice 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:

62 yr. old male claimant sustained a work injury on 5/4/11 involving the knees , shoulders and wrists. The claimant was diagnosed with carpal tunnel syndrome degenerative changes in the shoulders and osteoarthritis of the knees. He was initially found to have medial and lateral meniscal tear of the right knee. HE underwent menisectomies in 2013. He underwent a knee replacement in May 2014. A progress note on 9/22/14 indicated the claimant had completed physical therapy for the knee. Exam findings showed a normal gait with minimal reduction in right knee flexion. He had L5 pain but was able to flex to his tibia. The treating physician requested a 4 wheeled seated walker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four wheel seated 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 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 pain and DME/walker

**Decision rationale:** According to the guidelines, disability, knee pain and age related complaints determine the need for a walker. In this case, the claimant had an essentially normal gait. The indication for a seated 4 wheel walker was not specified. In addition, prolonged use of such a walker and restricting mobility can lead to further non-use related musculoskeletal disorders. The request for the walker is not justified and therefore not medically necessary.