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| Case Number: | CM14-0193417 | | |
| Date Assigned: | 12/01/2014 | Date of Injury: | 04/21/2000 |
| Decision Date: | 03/11/2015 | UR Denial Date: | 11/11/2014 |
| Priority: | Standard | Application Received: | 11/18/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female who sustained a work related injury on April 21, 2000. According to the Utilization Review letter the mechanism of action was bending and picking up a child. There was no discussion of surgical interventions. There is no documentation of previous treatment modalities. Magnetic resonance imaging (MRI) dated November 19, 2013 and referenced in the Utilization Review determination letter demonstrated a posterior central 4mm L4-L5 disc protrusion with mild central canal stenosis and a posterior central 6mm L5-S1 disc protrusion. The patient is diagnosed with bilateral lumbosacral spondylosis with radiculopathy and early knee osteoarthritis. According to the primary treating physician's progress report on September 2, 2014 the left knee demonstrated mild varus deformity tenderness along the medical aspect of the proximal tibia and adjoining joint line. No crepitus or effusion was noted. Sensation was intact, reflexes normal and symmetrical with strength 5/5 all muscle groups. Range of motion was demonstrated at 0-110 degrees with pain at the end of flexion. Significant special testing signs were negative. There was minimal antalgic gait favoring the left side. No assistive devices for ambulation were used. The injured worker uses a lumbar support. The report dated October 14, 2014 was unchanged. Current medications are Skelaxin and Celebrex. The injured worker's disability status was not documented. The physician requested authorization for purchase of a four wheel walker with seat and brakes. On November 11, 2014 the Utilization Review denied certification for a four wheel walker with seat and brakes. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS) American College of

Occupational and Environmental Medicine (ACOEM) Knee Complaints and the Official Disability Guidelines (ODG) Knee and Leg, walking aids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a four wheel walker with seat and brakes: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- knee and leg chapter, walking aides

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online Knee Chapter: Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: The patient presents with back and knee pain. The current request is for Purchase of a four wheel walker with seat and brakes. The treating physician in their report dated 09/02/14 states, 'Suggest use 4 wheel walker with seat for use when necessary.' ODG guidelines state the following about walking aids (canes, crutches, braces, orthoses, and walkers), '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. Frames or wheeled walkers are preferable for patients with bilateral disease. (Zhang, 2008).' In this case, the patient has difficulty with ambulation and appears to be at risk for fall. Use of walker appears medically indicated. Recommendation is authorization.