

<b>Case Number:</b>	CM14-0201351		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	03/03/2010
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Orthopedic Surgery, 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:

This is a 57-year-old female with a 3/3/10 date of injury, when she was walking up a ladder and felt a pop in the right knee. The patient underwent right knee arthroscopy on 8/12/10 and total left knee replacement on 5/20/13. The patient was seen on 11/14/14 with complaints of continued pain, swelling and stiffness in the right knee. Exam findings of the right knee revealed moderate swelling with crepitation in the anterior and medial compartments and diffuse tenderness to palpation. The range of motion was 0-110 degrees and the ligamentous examination was intact. The UR decision dated 11/25/14 certified the request for total right knee arthroplasty. The diagnosis is osteoarthritis of the right knee. Treatment to date: knee surgeries, work restrictions, physical therapy, knee brace, and medication. An adverse determination was received on 11/25/14 given that the patient recently underwent knee replacement surgery and presumably had a wheeled walker from the prior surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Front wheeled walker:** Overturned

**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 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 and Leg Chapter) Walking aids and on Medicare National Coverage Determinations Manual

**Decision rationale:** CA MTUS does not address this issue. ODG states that walking aids are recommended. In addition, the Medicare National Coverage Determinations Manual states that Mobility Assistive Equipment is reasonable and necessary for personal mobility deficits sufficient to impair participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home. The patient underwent total left knee replacement on 5/20/13. In addition, the patient was certified for total right knee arthroplasty on 11/25/14. The request was for a 14-days rental of the front wheeled walker. Given that the patient will undergo a knee surgery and that the Guidelines recommend walking aids for patients with mobility deficits, the use of front-wheeled walker is medically reasonable. Therefore, the request for Front wheeled walker was medically necessary.