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| <b>Case Number:</b>   | CM14-0207852 |                              |            |
| <b>Date Assigned:</b> | 12/19/2014   | <b>Date of Injury:</b>       | 08/01/2010 |
| <b>Decision Date:</b> | 02/11/2015   | <b>UR Denial Date:</b>       | 11/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/11/2014 |

### 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:

According to the records made available for review, this is a 53-year-old female with a 6/1/10 date of injury and status post left knee arthroscopy with meniscectomy and debridement on 11/22/10. At the time (10/9/14) of request for authorization for Associated surgical service: Front wheel walker, there is documentation of subjective (ongoing severe anterior and medial knee pain that increased with standing, walking, stairs, and prolonged sitting) and objective (limping gait with full active range of motion and pain with patellar inhibition) findings, current diagnoses (osteoarthritis of knee), and treatment to date (medication, physical therapy, viscosupplementation injections, and knee brace). Medical report identifies a request for left total knee arthroplasty with a front wheel walker postoperatively. There is no documentation of a personal mobility deficit sufficient to impair the patient's participation in mobility-related activities of daily living in customary locations within the home.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Front wheel 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, 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, Walking

aids (canes, crutches, braces, orthoses, & walkers); Other Medical Treatment Guideline or Medical Evidence: Medicare National Coverage Determinations Manual

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of disability, pain, and age-related impairments, as criteria necessary to support the medical necessity of a walking aid. Medical Treatment Guidelines identifies documentation of a personal mobility deficit sufficient to impair the patient's participation in mobility-related activities of daily living in customary locations within the home, as criteria necessary to support the medical necessity of a cane. Within the medical information available for review, there is documentation of a diagnosis of osteoarthritis of knee. In addition, there is documentation of a request for left total knee arthroplasty with a front wheel walker postoperatively. However, given no documentation of a pending surgery that is medically necessary, there is no documentation of a personal mobility deficit sufficient to impair the patient's participation in mobility-related activities of daily living in customary locations within the home. Based on guidelines and a review of the evidence, the request for associated surgical service, front wheel walker, is not medically necessary.