

Case Number:	CM14-0218976		
Date Assigned:	01/09/2015	Date of Injury:	03/05/2012
Decision Date:	03/16/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/30/2014

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

Certification(s)/Specialty: Orthopedic Surgery

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 56 year old male who sustained an industrial injury on 03/05/2012. He has reported chronic pain including low back pain, pain in thoracic spine, right knee and right hip pain. The diagnoses have included chondromalacia, patella; medial meniscus tear, lateral meniscus tear and internal derangement of knee. Treatment to date has included right knee arthroscopy, meniscal surgery, chondroplasty and lateral release and debridement done on 07/30/201. Currently, the IW states his right knee symptoms remain unchanged and he would like to discuss a TKA. He has a medical history of diabetes and hypertension. He is currently receiving pain medication. Right knee shows trace effusion and tenderness. X-rays of the right knee (as documented by the provider) showed generalized moderate joint narrowing with spur formation in all compartments with no lytic or destructive process. Work status was totally disabled. The provider requested an adjustable walker, walker attachment 3 wheels and crutches for purchase to use post surgery (right total knee arthroplasty.) On 12/10/2014 Utilization Review non-certified crutches and walker with 3 wheels noting there is no reason to allow 3 different types of walking aids for this patient. Partial certification was for a walker. Cited Guidelines were ODG. On 12/30/2014 the injured worker submitted an application for IMR for review of crutches and walker with 3 wheels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Walker attachment 3 wheels: 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 Knee and Leg, Walking Aids

Decision rationale: CA MTUS/ACOEM is silent on the issue of walking aids. According to the ODG, Knee and Leg, Walking aids, is recommended for patients with osteoarthritis. In this case there is insufficient evidence from the records from 10/14/14 of significant osteoarthritis or functional impairment to warrant a 3 wheel walker attachment. Therefore determination is for non-certification.

Associated surgical service: Crutches: 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 Knee and Leg, Walking Aids

Decision rationale: The CA MTUS/ACOEM guidelines are silent regarding crutches. According to the ODG knee chapter, walking aids, 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. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals. In this case there is lack of functional deficits noted in the exam note from 10/14/14 to warrant crutches. Therefore the determination is for non-certification.