

Case Number:	CM15-0003450		
Date Assigned:	01/14/2015	Date of Injury:	05/06/2012
Decision Date:	03/17/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/07/2015

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: 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:

This 60 year old male sustained an industrial injury on 5/6/12. The injured worker has been diagnosed with osteoarthritis. An MRI dated 5/3/13 revealed abnormalities of the right knee. The injured worker has undergone physical therapy, cortisone injections, lubricant injections and arthroscopy of the right knee. On 12/9/14 UR non-certified 1 Purchase of Walker with Seat. The Walker with Seat was denied based on lack of documentation to support medical need as well as ODG and evidence-based, peer-reviewed guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker with seat-purchase: 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)- Treatment in Workers' Compensation; Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - knee chapter, regarding walking aids

Decision rationale: This patient presents with osteoarthritis. The request is for purchase of walker with seat on 12/01/14. The patient is currently off work and has failed to conservative management, including cortisone injections, two rounds of lubricant injections, unloader brace, and a right knee arthroscopy in May 2013 per the utilization review letter dated 12/09/14. ODG guideline, knee chapter, regarding walking aids states "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." "Recommended, as indicated below. Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease." In this case, the patient is diagnosed with osteoarthritis and has ongoing pain on the right knee despite use of conservative management. The patient appears to be struggling with distance ambulation and the use of walker with a seat may aid in community ambulation necessary for human function. Given the guidelines support to reduce pain and improve function in patients with arthritic knees, the request IS medically necessary.