

Case Number:	CM15-0130247		
Date Assigned:	07/10/2015	Date of Injury:	05/03/2013
Decision Date:	08/07/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/06/2015

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: Preventive Medicine, Occupational Medicine

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 51 year old female, who sustained an industrial injury on 5/03/2013. She reported a mechanical trip and fall injuring the right knee and developing low back, shoulder and upper extremity pain. Diagnoses include left elbow sprain/strain, lumbosacral sprain/strain, internal derangement right knee, and status post right knee arthroscopy. Treatments to date include activity modification, medication therapy, physical therapy, acupuncture treatments. Currently, she complained of ongoing pain in the elbow and lumbar spine. On 4/29/15, the physical examination documented tenderness in the right knee, tenderness and spasms in the lumbar spine and tenderness in left elbow. The plan of care included continuation of previously prescribed medications. The appeal requested authorization for the purchase of a walker with a seat attached. Recent AME evaluation concluded that there was aggravation off bilateral preexisting knee osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker with Seat Attached (Purchase): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue and the Guidelines specifically support a walker type apparatus when bilateral knee osteoarthritis is present. For unilateral arthritis, contralateral use of a cane is recommended, however bilateral osteoarthritis is diagnosed to be present. The Guidelines and evaluating physicians do not provide any objective standards that need to be met to justify a walking aid, which makes reasonable use of a walking aid largely dependent upon subjective complaints. Under these circumstances the request for a walker with seat attached (purchase) is supported by Guidelines and is medically necessary.