

Case Number:	CM15-0190785		
Date Assigned:	10/07/2015	Date of Injury:	01/13/2011
Decision Date:	11/19/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/28/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 61 year old female who sustained an industrial injury on 1-13-2011. A review of medical records indicates the injured worker is being treated for pain in the low back with pain radiating into her legs and pain in the right knee as well as degenerative arthritis, right knee. Medical records dated 7-9-2015 noted constant pain in the right knee. Pain was increased by walking, standing, flexing, and extending the knee, climbing, or descending stairs, giving way and uses a cane for balance. Additionally there is swelling, popping, and clicking. Physical examination noted she ambulates with a cane and she had a gross limp. She had crepitus at her right that was audible and palpable. She had lateral tenderness and a valgus deformity. There was slight tenderness at the right knee and crepitus as well. X-rays demonstrated degenerative arthritis of the right knee. There are lateral spurs. There is significant patellofemoral degeneration. Treatment has included modified work duty, medications, medical imaging, physical therapy, and acupuncture. Utilization review form dated 9-15-2015 noncertified 4 wheeled walker and conductive garment with glove and sleeve.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 wheeled walker (rollator with seat & breaks) with delivery set up fee purchase: Upheld

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 Chapter (online version); Aetna Clinical Policy Bulletins Number: 0505, Subject: Ambulatory Assist Devices: Walkers, Canes, and Crutches, Reviewed: September 14, 2004; CIGNA HEALTHCARE, Coverage Position, Subject: Ambulatory Assistance Devices: Wheelchairs/Power Operated Vehicles, Revised Date: 3/15/2005.

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: According to the ODG, walkers are preferable for patients with osteoarthritis with bilateral knee disease. The record indicates this worker has osteoarthritis and pain in the right knee only. She is ambulating with a cane and the need for a walker has not been delineated in the medical record. Therefore, the requested treatment is not medically necessary.

Conductive garment with glove & sleeve (12 month supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the MTUS TENS is not recommended as a primary treatment modality, but a one month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Use of TENS in the treatment of low back pain is not included among the conditions for which TENS is recommended. The MTUS further states that although electro-therapeutic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. TENS does not appear to have an impact on perceived disability or long-term pain. This worker has low back pain and right knee pain, neither of which is an indication for TENS. Therefore, the requested treatment is not medically necessary.