

Case Number:	CM15-0047940		
Date Assigned:	03/20/2015	Date of Injury:	06/21/2012
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/13/2015

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: Internal Medicine, Hospice & Palliative 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 57-year-old male, who sustained an industrial injury on 06/21/2012. He reported an injury to his right knee and was diagnosed with bi-compartment osteoarthritis of the right knee. The injured worker is currently diagnosed as having advanced arthritis of the left knee. Treatment to date has included right knee surgery, home exercise program, self-directed work hardening program, physical therapy, injections, accommodative orthotics, and medications. In a progress note dated 01/23/2015, the injured worker presented with complaints of his knee catching and remains sore. The treating physician reported requesting authorization for a front wheeled walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of front wheeled walker left knee replacement: 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 Index, 13th Edition (web), 2015, Knee and Leg--Knee joint replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hoenig H, et al. Overview of geriatric rehabilitation:

Program components and settings for rehabilitation. Topic 16852, version 8.0. UpToDate. Accessed 04/25/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. Mobility devices may be used for physical limitations affecting mobility, such as weakness, problems with balance, limited endurance, and/or sensory issues. Devices are intended to improve mobility and independence and to provide some protection against falls. However, there is limited research on the impact of these devices. Walkers require moderate balance, coordination, and arm strength to use them safely. The submitted and reviewed documentation indicated the worker was experiencing right foot pain, left foot painful numbness and tingling, and left knee pain with catching. Treatment recommendations included surgery to replace the left knee joint. The literature supports early appropriate mobilization after this type of knee surgery in order to maximize function and healing. If this surgery was done, the worker would benefit from the rental of a walker during the early rehabilitation period. For these reasons, the current request for the rental of a front-wheeled walker after surgery to replace the left knee joint is medically necessary for use after surgery.