

Case Number:	CM15-0053901		
Date Assigned:	03/27/2015	Date of Injury:	08/31/2012
Decision Date:	05/01/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	03/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64-year-old female, who sustained an industrial injury on August 31, 2012. He reported pain in the low back with radicular symptoms into the bilateral lower extremities and left knee pain. The injured worker was diagnosed as having degenerative joint disease of the lumbar spine, lumbar sprain, cervical strain with herniated cervical disc with radiculitis, lumbar disc protrusion with radiculopathy, bilateral shoulder strain, cephalgia, left knee strain with chondromalacia of the patella, anxiety, depression and insomnia. Treatment to date has included conservative treatments, medications and work restrictions. Currently, the injured worker complains of low back pain with radicular pain in the bilateral lower extremities and left knee pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on March 4, 2015, revealed continued pain as noted. A seated walker was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

One walker with seat: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for a general joint disease with left knee pain. When seen by the requesting provider she was having difficulty walking. There was positive left knee McMurray testing and positive patellar compression. There was medial joint line tenderness. She was noted to have difficulty ambulating. Recommendations included a left knee brace and the requested walker. Use of a cane can be recommended when there is a diagnosis of osteoarthritis of the knee. In this case, the claimant does not have this diagnosis. When seen by the requesting provider there was no reported gait dysfunction. Therefore, the requested cane is not medically necessary.