

Case Number:	CM15-0083268		
Date Assigned:	05/05/2015	Date of Injury:	11/08/2010
Decision Date:	07/01/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/30/2015

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, 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 61 year old female, who sustained an industrial injury on 11/08/2010. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, and surgeries. Currently, the injured worker complains of significant knee pain. The diagnoses include severe degenerative joint disease of the left knee and possible history of infection with prior surgeries. The request for authorization included purchase or rental of a front wheel walker, continuous passive range of motion machine, crutches, and 3-in-1 commode.

IMR ISSUES, DECISIONS AND RATIONALES

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

One purchase or rental of a front wheel walker: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition (web), 2013 Knee and Leg Chapter, Continuous Passive Motion (CPM), Walking Aides (canes, crutches, braces, orthoses, and Walkers), Durable Medical Equipment.

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 Chapter, Total Knee Arthroplasty.

Decision rationale: Regarding the request for a walker, it appears that this request was made for use after total knee arthroplasty. However, the records identify that the provider wishes for the patient to undergo a bone scan prior to the procedure and the surgery has not been authorized as of yet. In light of the above issues, the currently requested walker is not medically necessary.

One purchase of rental of a continuous passive motion machine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition (web), 2013 Knee and Leg Chapter, Continuous Passive Motion (CPM), Walking Aides (canes, crutches, braces, orthoses, and Walkers), Durable Medical Equipment.

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 Chapter, Total Knee Arthroplasty.

Decision rationale: Regarding the request for a continuous passive motion machine, it appears that this request was made for use after total knee arthroplasty. However, the records identify that the provider wishes for the patient to undergo a bone scan prior to the procedure and the surgery has not been authorized as of yet. In light of the above issues, the currently requested continuous passive motion machine is not medically necessary.

One purchase or rental of crutches: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition (web), 2013 Knee and Leg Chapter, Continuous Passive Motion (CPM), Walking Aides (canes, crutches, braces, orthoses, and Walkers), Durable Medical Equipment.

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 Chapter, Total Knee Arthroplasty.

Decision rationale: Regarding the request for crutches, it appears that this request was made for use after total knee arthroplasty. However, the records identify that the provider wishes for the patient to undergo a bone scan prior to the procedure and the surgery has not been authorized as of yet. In light of the above issues, the currently requested crutches are not medically necessary.

One purchase or rental of a 3-in1 commode: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability

Guidelines, 11th Edition (web), 2013 Knee and Leg Chapter, Continuous Passive Motion (CPM), Walking Aides (canes, crutches, braces, orthoses, and Walkers), Durable Medical Equipment.

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 Chapter, Total Knee Arthroplasty.

Decision rationale: Regarding the request for a commode, it appears that this request was made for use after total knee arthroplasty. However, the records identify that the provider wishes for the patient to undergo a bone scan prior to the procedure and the surgery has not been authorized as of yet. In light of the above issues, the currently requested commode is not medically necessary.