

Case Number:	CM13-0069649		
Date Assigned:	06/11/2014	Date of Injury:	09/19/2012
Decision Date:	07/15/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/23/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 with a reported date of injury on 09/19/2012. The injury reportedly occurred when the injured worker was moving a patient and injured her left knee. Her diagnoses were noted to include end stage osteoarthopathy to the left knee, status post remote left knee arthroscopy, and compensatory low back and right knee component. The injured worker complained of 8/10 left knee pain and also complained of compensatory right knee pain as well as low back pain. The injured worker reported the medication does help and denied side effects. The physical examination dated 10/22/2013 showed tenderness to the left knee medial and lateral joint line, crepitus range of motion assessment lacks 20 degrees extension and flexion to 80 degrees. There was tenderness noted to the lumbar spine and right knee diffusely. The request for authorization form is for a walker due to left knee osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

WALKER.: 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 and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Walking aids.

Decision rationale: The request for a walker is not medically necessary. The injured worker is awaiting authorization for left knee surgery. The Official Disability Guidelines state disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The guidelines also state there is evidence that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone and a laterally wedged insole. The guidelines also state a contralateral cane placement is the most efficacious for persons with knee osteoarthritis. In fact, no cane use may be preferable to ipsilateral cane usage as the latter resulted in the highest knee moments of force, a situation which may exacerbate pain and deformity. The guidelines state assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for injured workers with bilateral disease. The guidelines also state for injured workers with osteoarthritis, the use of a cane or walking stick in the hand contralateral to the symptomatic knee reduces the peak knee adduction moment by 10%. The documentation provided requests the walker for postoperative use with a left knee osteoarthritis. The guidelines recommend a contralateral cane to be used for knee arthritis, and wheeled walkers are preferable for injured workers with bilateral disease. The complaint is due to the left knee and lumbar pain, and it is unknown at this time if surgery was performed. Therefore, due to guideline recommendations regarding a cane for knee arthritis and a walker for bilateral knee arthritis, a walker is not appropriate at this time. As such, the request is not medically necessary.