

Case Number:	CM14-0117683		
Date Assigned:	09/24/2014	Date of Injury:	01/27/2014
Decision Date:	11/04/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/28/2014

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 Orthopedic Surgery 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:

This is a 55-year-old female with a 1/27/14 date of injury. The mechanism of injury occurred when she was cleaning a tub and was leaning forward with her upper body weight, when she felt a tug that was followed by a burning, stabbing, and popping pain at the back and front of the right knee. According to a progress report dated 4/26/14, the patient was seen for follow-up for right knee meniscal tear and left knee pain. She requested a brace for the left knee and a walker. She complained of occasional burning pain in the right shoulder due to the use of crutches. She also complained of constant pain in the waist, groin, and lower back bilaterally due to limping, she uses a cane. She also complained of right knee pain with weakness, giving way, swelling, numbness, locking, and grinding, rated at 8/10 in intensity. There were also complaints of buckling and instability of the left knee. Objective findings: patient ambulates with the use of a cane, tenderness of the right knee, medially, tenderness to palpation of left knee, McMurray's positive, bilaterally, deep tendon reflexes of the knee and ankle are 2+ and bilaterally symmetrical, sensation intact to light touch and pinprick. Diagnostic impression: right knee internal derangement, with medial meniscus tear, left knee internal derangement. Treatment to date: medication management, activity modification. A UR decision dated 6/26/14 denied the request for walker for the right knee. The patient has already utilized a cane and crutches with issues of shoulder discomfort. A walker would provide the same type of stress on the upper extremities and is unlikely to change the patient's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: walking aid (unspecific): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines

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 Other Medical Treatment Guideline or Medical Evidence: Medicare National Coverage Determinations Manual

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address this issue. Official Disability Guidelines (ODG) states that walking aids are recommended. In addition, the Medicare National Coverage Determinations Manual states that Mobility Assistive Equipment is reasonable and necessary for personal mobility deficits sufficient to impair participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home. According to the reports provided for review, this is a request for a walker. However, it is noted that the patient is currently using a cane to assist with ambulation. A specific rationale was not provided as to why she needs a walker in addition to a cane or that the cane is insufficient to assist with her ambulation. Therefore, the request for Durable Medical Equipment: walking aid (unspecific) was not medically necessary.