

Case Number:	CM14-0142825		
Date Assigned:	09/10/2014	Date of Injury:	09/11/2006
Decision Date:	10/29/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/03/2014

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 Internal Medicine and is licensed to practice in New York. 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 case involves a 54 year old female with a date of injury of 09/11/2006. On 03/09/2010, she had a L3-S1 anterior lumbar fusion and she also had hardware removal with revision of the lumbar fusion. She had a home exercise program and was using a 4 point cane. On 12/11/2013 she was found to be permanent and stationary. On 06/17/2014, it was noted that she fell and had left ankle and left knee pain in addition to her chronic back pain. On 07/31/2014, the pain with medication was 4-7/10; L4-S1 motor strength was 4/5; and straight leg raising was positive bilaterally. She was taking Tramadol, Gabapentin and a compound cream. She had a left knee sprain and left ankle sprain. She was to continue to perform her home exercise program. The request was for the purchase of a rolling walker with claw.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rolling walker with claw (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 06/05/14) - Walking aids (canes, crutches, braces, orthoses & walkers)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 329 - 356 , pages 361 - 384.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 Knee, Walking aids.

Decision rationale: MTUS guidelines have separate chapters on knee injuries (Chapter 13) and ankle injuries (Chapter 14 Ankle and Foot complaints) but do not address the purchase of a walker as a treatment modality. There were no red flag signs of severe trauma. The purchase of a walker is not consistent with MTUS guidelines as this patient has a cane. Official Disability Guidelines (ODG), 2014 Knee/Ankle Walking Aids recommended, almost half of patients with knee pain possess a walking aid. 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. There is evidence that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone, a laterally wedged insole (orthosis) decreases non-steroidal anti-inflammatory drugs (NSAIDs) intake compared with a neutral insole, patient compliance is better in the laterally wedged insole compared with a neutral insole, and a strapped insole has more adverse effects than a lateral wedge insole. 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. While recommended for therapeutic use, braces are not necessarily recommended for prevention of injury. Bracing after anterior cruciate ligament reconstruction is expensive and is not proven to prevent injuries or influence outcomes. Recommended, as indicated below, assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. While foot orthoses are superior to flat inserts for patellofemoral pain, they are similar to physical therapy and do not improve outcomes when added to physical therapy in the short-term management of patellofemoral pain. In patients with OA, the use of a cane or walking stick in the hand contralateral to the symptomatic knee reduces the peak knee adduction moment by 10%. Patients must be careful not to use their cane in the hand on the same side as the symptomatic leg, as this technique can actually increase the knee adduction moment. Using a cane in the hand contralateral to the symptomatic knee might shift the body's center of mass towards the affected limb, thereby reducing the medially directed ground reaction force, in a similar way as that achieved with the lateral trunk lean strategy described above. Cane use, in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biomechanical load experienced by the lower limb. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals. See also U-Step walker. There is no documentation that this patient has bilateral knee/ankle sprain. The patient had a fall with a unilateral knee/ankle sprain and purchase of a walker is not consistent with guidelines. Purchase of a walker is not routine standard of care for a unilateral knee/ankle sprain. Therefore, this request is not medically necessary.