

<b>Case Number:</b>	CM14-0178858		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	08/22/2008
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Internal Medicine 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 (IW) is a 62-year-old man with a date of injury of August 22, 2008. The IW was walking full speed and ran into the pull-out shaft used for bagging groceries. The injuries sustained were not documented in the medical records submitted for review. Pursuant to the progress noted dated May 2, 2014, the IW complained of severe left knee pain. He states that he had difficulty walking, sleeping, and performing activities of daily living. On examination, the left knee had varus deformity and 2+ effusions. The range of motion was decreased with pain, crepitus and guarding. The IW had antalgic gait. The IW was diagnosed with end-stage left knee osteoarthritis. The IW was taking anti-inflammatory medications which were not specified in the medical record. The IW is status-post left knee arthroscopy dated September 9, 2009, a revision arthroscopic meniscectomy debridement chondroplasty dated July 6, 2010, and a left total knee replacement surgery performed April 22, 2013. Prior treatments have included failed non-operative treatment including cane, physical therapy, Aspirin, Naproxen, Diovan, Vicodin prescribed with anti-inflammatory cream and intraarticular injection (undated). The provider is requesting a wheeled walker for purchase and a commode for purchase. The reason for the request was not documented in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Commode purchase:** 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); Pain section, Durable Medical Equipment

**Decision rationale:** Pursuant to the Official Disability Guidelines, the commode for purchase is not medically necessary. The guidelines indicate DME is generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily certain medical purpose and are primarily used for convenience in the home. Certain DME toilet items (commode, bedpans etc. are medically necessary if the patient is bad confined or room confined. In this case, the injured worker was not bed confined or room confined nor was the injured worker post-operative. A cane was used for ambulatory purposes. Consequently, the commode for purchase is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the Commode is not medically necessary.

**Wheel walker purchase:** 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)

**Decision rationale:** Pursuant to the Official Disability Guidelines, the wheel walker for purchase is not medically necessary. Almost half of patients with knee pain is this a walking aid. Disability, pain and age-related impairment seemed to determine the need for a walking aid. Contralateral cane placement is the most efficacious for persons with knee osteoarthritis. In this case, the requested DME is not appropriate in the clinical setting. Contralateral cane placement is the most efficacious for persons with knee osteoarthritis. The injured worker's diagnosis from May 1, 2014 was end stage left knee osteoarthritis. Consequently, the wheel walker for purchase is not medically necessary. Based on the pinnacle information in the medical record and the peer-reviewed evidence-based guidelines, the wheel Walker is not medically necessary.