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| Case Number: | CM14-0092634 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 09/23/2007 |
| Decision Date: | 10/08/2014 | UR Denial Date: | 06/06/2014 |
| Priority: | Standard | Application Received: | 06/17/2014 |

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 23, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; reported diagnosis with meniscal tear, and apparent retirement from the workplace. In a Utilization Review Report dated June 6, 2014, the claims administrator denied a request for a walking cane for the knee, invoking non-MTUS ODG Guidelines in so doing. The claims administrator's decision was seemingly at odds with the non-MTUS ODG Guideline, which seemingly recommended usage of a cane. The applicant's attorney subsequently appealed. In a handwritten note dated March 3, 2014, difficult to follow, not entirely legible, the applicant reported persistent complaints of knee pain. The applicant's knee was apparently giving out, it was suggested. MRI imaging was sought to evaluate a suspected meniscal tear. The note was difficult to follow; it was stated that the applicant was retired. In an April 14, 2014 progress note, the applicant again reported ongoing issues with popping, clicking, and concerns about the knee giving out. X-ray imaging of the knee demonstrated early arthritic changes. A cortisone injection was endorsed. A cane was apparently sought on a handwritten progress note dated May 21, 2014, in which it was again suggested that the applicant was having difficulty with recurrent popping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walking cane for the right knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

Decision rationale: ■ Yes, the request for a walking cane for the right knee is medically necessary, medically appropriate, and indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices such as electric wheelchairs are not recommended if an applicant's functional mobility deficits can be sufficiently rectified through usage of a cane and/or walker. In this case, the applicant does have issues with popping, locking, clicking, instability, and concerns about the knee giving way. Provision of a walking cane is indicated to ameliorate the same. Therefore, the request is medically necessary.