

Case Number:	CM14-0216401		
Date Assigned:	01/06/2015	Date of Injury:	05/11/2011
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 60 old female continues to complain of left hip pain stemming from a work related fall injury reported on 5/11/2011. Diagnoses include: left hip degenerative arthritis; and bone-on-bone, left hip. Treatments have included: consultations; diagnostic laboratories and imaging studies; surgery; left knee arthroscopy with partial medial meniscectomy (8/2011); physical therapy; injection therapy; and medication management. This injures worker (IW) is noted to be classified as permanent and stationary with temporary total disability and is off work. The Orthopedic evaluation, dated 5/14/2014, states the recommendation for a left total hip arthroplasty in the near future, after weight loss of 50 pounds, and a return to work, from a 9/2013 report. Also stated was the inability to walk without the aid of a cane, the inability to rotate her hip out and wobbling while walking, a feeling of "rolling" in her hip, and pain that is present 98% of the time. The recommendation was for a weight loss program to be followed by hip surgery, status-post a 50 pound weight loss; and the IW was considered temporary totally disabled. Orthopedic progress notes, dated 7/23/2014, show complaints of constant left hip pain, the inability to stand or walk for prolonged periods of time, taking Tylenol for pain that is ineffective for pain rated 6/10, and that a weight loss program was approved. A left hip x-ray was noted on 7/23/2014 that noted severe bone-on-bone osteoarthritis. Orthopedic progress notes, dated 9/3/2014, show complaints of a sore left hip, rated 3/10, is taking Tylenol; that the IW is working out 5 x a week; and started her weight loss program 4 days prior. Orthopedic progress notes, dated 10/22/2014, show constant left hip pain, rated 7/10, that worsens with any movement and taking Tylenol for relief; the continuation her weight loss program and having

met her goals, will be under a body mass index of 35 prior to surgery that will be scheduled in January, when authorized. The Orthopedic report of 11/12/2014 notes a weight loss of 35 pounds, that this IW has not yet reached maximum medical improvement and is a candidate for left total hip replacement (tentatively scheduled for January 2015), and recommended active treatment for the left hip only; however no opinion was noted to have been rendered on the use of a walker. The Orthopedic request, dated 11/20/2014, notes the requests for left total hip arthroplasty along with pre and post-operative labs, x-ray, equipment, hospital stay, in-home and outside physical therapy, and DME that included a request for a walker. Orthopedic progress notes, dated 12/3/2014, show constant, horrible left hip pain, rated 7/10, and taking Tylenol; continuing her weight loss program; and pending approval for the left hip surgery; no mention of how much weight was lost to date was noted. On 12/10/2014 Utilization Review non-certified, for medical necessity, a request for a walker stating the IW height, weight, body mass index and that operative intervention with total hip arthroplasty was recommended for further treatment; and that the ODG guidelines for DME devices were not indicated since operative intervention was not established.

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, Knee Procedure, Walking Aids

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

Decision rationale: Pursuant to the Official Disability Guidelines, a walker is not medically necessary. Nonuse (of a walker) is associated with less need, negative outcome and negative evaluation of the walking aid. A walker is a type of durable medical equipment (DME). DME is defined as equipment which can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in the patient's home. See the Official Disability Guidelines for additional details. In this case, the injured workers working diagnoses are left hip the generative disc arthritis; and left hip/pelvic pain. The AME dated November 12, 2014 showed her the injured worker ambulated with a cane in her right hand which is appropriate for a person with a problematic left hip complement to the gate. Your pic no dated December 3, 2014 did not assess the gate. Your pedis. However, recommend a left total hip arthroplasty in the near future when the BMI is under 35. The documentation indicates, according to a November 14, 2014 progress note, the injured worker uses a cane for ambulation. The injured worker is able to ambulate with some difficulty outdoors. There is no clinical indication for a walker. Additionally, nonuse is associated with less need, negative outcome and a negative evaluation of the walking aid. There is no documentation to support the use of a walker over and above that of the cane already in

use) for ambulation. Consequently, absent clinical documentation to support the need for a walker, a walker is not medically necessary.