

Case Number:	CM15-0121640		
Date Assigned:	07/02/2015	Date of Injury:	08/22/2013
Decision Date:	07/31/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old female sustained an industrial injury to the left knee on 8/22/13. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, knee brace and medications. In a PR-2 dated 3/5/15, the injured worker complained of ongoing left knee pain, rated 8/10 on the visual analog scale, that was aggravated by weight bearing and bending of the knee. The injured worker had difficulty leaving her house because of extreme pain when ambulating. The injured worker reported being unable to get a rolling walker because she was told at the medial supply store that she did not need it. The injured worker ambulated with a walker and a left knee brace. X-rays of bilateral knees showed severe left knee patellofemoral osteoarthritis and mild bilateral knee medial compartment osteoarthritis. Current diagnoses included patellofemoral osteoarthritis, patellar subluxation and knee osteoarthritis. The treatment plan included requesting an orthopedics consultation for a second opinion, requesting a gym membership with pool access, continuing current medications, and a Biofreeze sample and continuing to use a knee brace when ambulating.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rolling 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 (ODG).

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

Decision rationale: The claimant sustained a work injury in August 2013 and continues to be treated for left knee pain. She does have included physical therapy. In December 2014 she had made minimal progress and was having difficulty ambulating, prolonged standing, and transitioning from a seated to standing position recommended since included providing a walker secondary to the risk of falling. In January 2015 the claimant was ambulating with a cane. When seen, she was having left anterior knee pain with swelling and difficulty with activities of daily living. Physical examination findings included an antalgic gait without reported use of an assistive device. There was decreased and painful left knee range of motion with medial joint line and patellar tenderness and positive McMurray testing. There was patellofemoral crepitus and positive patellofemoral grind testing. An x-ray was obtained showing an absence of joint space narrowing. There were early arthritic changes at the patellofemoral joint. Recommendations included physical therapy, medications, injections, and use of a brace. Use of an assistive device can be recommended when there is a diagnosis of osteoarthritis of the knee. In this case, the claimant has mild patellofemoral arthritis with normal knee joint space. There is no restriction on weight bearing. When seen by the requesting provider use of a brace was recommended. The claimant had previously used a cane and a walker was recommended by her physical therapist due to a risk of falling. The claimant does not have evidence of gait dysfunction that cannot be resolved through the use of a brace or cane. The requested rolling walker is not medically necessary.