MAXIMUS Federal Services

Case Number:	CM15-0074998		
Date Assigned:	04/24/2015	Date of Injury:	02/20/2015
Decision Date:	05/27/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/20/2015

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: New York, Tennessee
Certification(s)/Specialty: Emergency 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:

The injured worker is a 39 year old male, who sustained an industrial injury on 2/20/15. He reported right leg injury. The injured worker was diagnosed as having contusion of thigh, abscess/cellulitis, sprain/strain of right thigh, sprain/strain of right knee, edema of right lower extremities, pain of right thigh, pain of right hip and pain of right calf, antalgic gait and venous embolism. Treatment to date has included incision and drainage of right thigh abscess, oral antibiotics and oral pain medication. Currently, the injured worker complains of swollen and painful right hip, right thigh, right knee, right calf, right ankle and right foot. Physical exam noted pain, tenderness and swelling without redness or ecchymosis. The treatment plan included oral medications including Hydrocodone, Tramadol and Orphenadrine and request for authorization for (CT) computerized tomography scan of right thigh and a four point walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a four-point walker: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Walking aids.

Decision rationale: Walking aids are recommended as indicated below. 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. 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. Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. 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. In this case the patient was recovering from a right thigh muscle abscess that had been surgically drained. There is no documentation of ambulatory dysfunction. In addition disease is not bilateral. Four point walker is not indicated. The request is not medically necessary.