

<b>Case Number:</b>	CM13-0023532		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	01/05/1996
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 physician 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 patient is a fifty seven year old female who reported an injury on 01/05/1996. The mechanism of injury was not submitted for review. The patient had chronic low back pain and left ankle pain that was managed with activity modification and medications. The patient's medications included tramadol 50 mg, diazepam 10 mg, Terocin lotion, and Soma 350 mg. The patient's most recent clinical exam findings included lumbar spine pain rated at a 6/10 to 7/10, moderate tenderness to palpation over the pelvic brim and junction bilaterally, and mild sciatic notch tenderness bilaterally with reduced range of motion described as 40 degrees in forward flexion, 30 degrees in extension, 25 degrees in bilateral lateral rotation, and 20 degrees to 25 degrees in bilateral lateral bending. Physical evaluation of the ankle revealed 2+ edema and tenderness to palpation over the medial lateral malleolus with an abnormal gait. It was noted that the patient wears orthotics in her shoes. The patient's treatment plan included replacement orthotics, a shower chair, a walker with a seat, and bilateral wrist supports. &#x2013;

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shower chair bilateral wrist supports seated walker:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Walking Aids and Durable Medical Equipment.

**Decision rationale:** The requested shower chair, bilateral wrist supports, and seated walker are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has an altered gait secondary to significant pain that could benefit from a seated walker. Official Disability Guidelines recommend ambulation deficits be compensated for with walking aids such as walkers, canes, and crutches. Official Disability Guidelines recommend durable medical equipment that is primarily used to serve a medical purpose and addresses a deficit that is in the home. The clinical documentation submitted for review does provide evidence that the patient has significant pain that prevents the patient from standing for an extended duration. Therefore, the use of a shower chair would assist in alleviation of pain and reduce the risk of injury while bathing. However, the American College of Occupational and Environmental Medicine recommends wrist supports for patients that have wrist pain. The clinical documentation submitted for review does not provide any evidence that the patient has any deficits in the wrist. The patient's pain complaints are primarily related to the lumbar spine and left ankle. Although a shower chair and seated walker may be indicated, the request includes bilateral wrist supports which are not supported by guideline recommendations. Therefore, the request as it is written for the shower chair, bilateral wrist supports, and seated walker is not medically necessary or appropriate.