

Case Number:	CM13-0024874		
Date Assigned:	11/20/2013	Date of Injury:	01/25/2010
Decision Date:	06/03/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/16/2013

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 Anesthesiology, has a subspecialty in Pain 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 patient is a 43 year old female whose date of injury is 01/25/2010. The patient slipped on water and fell on her buttocks. Treatment to date includes epidural steroid injections, facet joint injection, diagnostic testing, physical therapy, chiropractic treatment, and medication management. MRI of the lumbar spine dated 07/25/12 revealed scoliosis; at L5-S1 there is a posterior disc bulge with no compromise of the traversing or exiting nerve roots; no other disc bulges or protrusions. Progress report dated 11/11/13 indicates that the patient continues to have severe disability involving the lumbar spine and right elbow. A two-level lumbar interbody fusion has been requested. Examination of the right elbow revealed significant point tenderness to palpation of the right medial epicondyle. There is very noticeable muscle atrophy involving the musculature and soft tissue around the right medial epicondyle and distal triceps surrounding the ulnar nerve. There is a very positive Tinel's sign. There is tenderness to palpation of the bilateral posterior lumbar musculature. There are numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles bilaterally. She has decreased lumbar range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE 3 WHEELED WALKER WITH SEAT: 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), Knee and Leg Chapter.

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

Decision rationale: The Expert Reviewer's decision rationale: Based on the clinical information provided, the request for purchase of a 3 wheeled walker with seat is not recommended as medically necessary. The submitted records fail to provide a clear rationale to support the requested walker. There is no documentation of a gait abnormality or walking disability. The most recent progress note dated 11/11/13 documents an extensive treatment plan including right ulnar nerve decompression and possible transposition, home health aide, medications, neurosurgery referral, orthopedic surgeon referral, cognitive behavioral therapy and consideration for a lumbar discogram; however, there is no mention of a recommendation for a 3 wheeled walker with seat. The request for the purchase of 3 wheeled walker with seat is not medically necessary.