

Case Number:	CM13-0027128		
Date Assigned:	03/03/2014	Date of Injury:	07/21/2009
Decision Date:	04/24/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine, and is licensed to practice in 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 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 35-year-old female who reported an injury on 07/21/2009. The mechanism of injury was a fire extinguisher falling on the patient's right foot. The progress report dated 12/18/2013 indicated that the patient had complaints of pain to the lower back, right wrist/hand, right thigh, right leg, left leg, right ankle and right foot. It was noted that the patient used a walker. Upon examination, sensation was diminished to the right mid-anterior thigh, right mid-lateral calf and right lateral ankle bilaterally. The diagnoses provided were a lumbar spine strain, right arm strain, right wrist/hand strain, right thigh strain, right leg strain, left leg strain, failed right ankle/foot surgery, probable right lower extremity complex regional and other problems unrelated to the current evaluation. It was noted that the treatment plan included ketamine infusions, a 3-wheeled walker and home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE 3 WHEELS 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), ANKLE AND FOOT, WALKING AIDS (CANES, CRUTCHES, BRACES, ORTHOSES, & WALKERS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), ANKLE AND FOOT, WALKING AIDS (CANES, CRUTCHES, BRACES, ORTHOSES, & WALKERS

Decision rationale: The request for one 3-wheeled walker is non-certified. The California MTUS/ACOEM do not address walking aids. However, the Official Disability Guidelines state that walking aids are recommended for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices. The records submitted for review indicated that the patient used a walker. The records submitted for review indicated that upon examination, there was diminished sensation to the right mid-anterior thigh, right mid-lateral calf and the right lateral ankle. The records submitted for review failed to include documentation of the patient's impaired ambulation. Furthermore, the records submitted for review failed to include documentation of functional improvement with the use of a walker. In addition, the request failed to indicate if the 3-wheeled walker would be for rental or for purchase. As such, the request for one 3-wheeled walker is not supported. Therefore, the request is non-certified.