

<b>Case Number:</b>	CM13-0032069		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	01/11/2008
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 & 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 54-year-old female who reported an injury on 01/11/2008. The patient has been treated for chronic low back and knee pain. During a clinical visit dated 08/13/2013 the patient described continued low back pain with radicular symptoms. The patient stated that she sometimes cannot find a place to sit down when she is outside the house to relieve her pain. The patient was most recently seen in 11/2013 with continued low back pain. She also has complaints of on and off left knee pain and states that she had a Synvisc injection to the left knee, which provided no great improvement. Examination of the lumbar spine reveals tenderness to palpation with myospasms over the paraspinal musculature. Kemp's test is positive, straight leg test elicits low back pain, active range of motion of the lumbar spine is measured with flexion at 45 degrees, extension 15 degrees, right side bending is 15 degrees, and left side bending is 15 degrees. Examination of the left knee revealed well healed portal scars, and tenderness to palpation is present over the medial joint line. Crepitus was also present with active range of motion of the left knee measured at flexion 90 degrees and extension 0 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One 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 (Acute and Chronic).

**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, Walking Aids (canes, crutches, braces, orthoses & walkers).

**Decision rationale:** Regarding the request for 1 walker with seat between 08/13/2013 and 11/24/2013, under Official Disability Guidelines it indicates that disability, pain, and age related impairments seem to determine the need for a walking aid. It further states that frames or wheeled walkers are preferable for patients with bilateral disease. In the case of this employee, the medical necessity for a walker with a seat cannot be established at this time. The guidelines indicate that walking aids are necessary when a patient has a condition that has caused impaired ambulation. Although the employee has complained of continued low back pain, the complaint of the left knee pain was noted as being on and off. The documentation does not indicate the employee is unable to ambulate without a walking aid; it merely states that the employee has difficulty finding places to sit down when outdoors. Therefore, the medical necessity for a walker with seat between 08/13/2013 and 11/24/2013 is not warranted. As such, the requested service is non-certified.