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| <b>Case Number:</b>   | CM13-0036623 |                              |            |
| <b>Date Assigned:</b> | 06/09/2014   | <b>Date of Injury:</b>       | 08/06/2013 |
| <b>Decision Date:</b> | 07/14/2014   | <b>UR Denial Date:</b>       | 10/03/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/21/2013 |

### 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 Family Medicine, and is licensed to practice in Pennsylvania. 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:

This worker was the restrained driver of a stopped truck that was struck from behind by another truck doing 50 miles per hour on August 6, 2013. He was ambulatory at the scene and complained of neck, chest, back, bilateral knee and bilateral arm pain with tingling in his right hand. He first presented to the emergency room with these complaints on August 7, 2013. On that date in the emergency room he had normal range of motion on musculoskeletal exam. X-ray of his thoracic spine revealed a compression fracture that appeared chronic and osteopenia. X-ray of the knees showed no evidence of fracture, dislocation or significant joint effusion. On August 30, 2013 he was evaluated by occupational medicine and at that time was complaining of head, neck, back and lower extremity pain. He reported not being comfortable sitting or standing for long periods. Bilateral hip range of motion was slightly limited by pain. He had generalized tenderness of both knees. Range of motion of the knees was normal. He had no knee instability but generalized tenderness. McMurray test was negative. On September 23, 2013 physical therapy reported subjective complaint that he was not comfortable sitting or standing for more than 5-10 min. and that he was ambulating with an antalgic gait with a cane. The worker also reported having fallen three to four times after his previous treatment and was requesting a front wheeled walker. Evaluation of his strength by the physical therapist ranged from 3+ to 4 minus in the hips and knees. He had a neurology visit on October 7, 2013. At that visit he was walking with a cane. At that visit his wife reported that after the motor vehicle accident he had trouble walking due to back pain. She stated he had used a cane and a walker from another family member due to unsteadiness. On exam he had no spasm or tenderness of the paraspinous muscles. He had no pain to palpation of the SI joints. His back range of motion was not decreased. He eventually had an MRI of his thoracic spine which showed nonacute T8 and T11 compression fractures. MRI of the cervical spine showed disc bulge at C3-C4 and C4-C5. MRI

of the lumbar spine showed degenerative disc disease at L4-5 and L5-S1, small tear in the posterior annulus of L4-5 disc and a small left paracentral disc osteophyte complex at L5-S1 slightly displacing but not entrapping the left S1 nerve.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**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 (ODG) Section: Knee, Walking Aids, as well as the resource UpToDate.

**Decision rationale:** The CA MTUS and ACOEM do not address the use of walkers. The ODG under the heading of Walking Aids in the Knee section references the use of walkers but does not provide specific indications. It is stated that almost half of patients with knee pain possess a walking aid. However it also states that nonuse is associated with less need, negative outcome and negative evaluation of the walking aid. Knee osteoarthritis is specifically referred to with the statement that contralateral cane placement is the most efficacious for persons with knee osteoarthritis. However this worker did not have evidence of osteoarthritis or other knee pathology and even if so, cane use would be supported rather than walker use. There was no objective documentation in the medical record given to support the use of a walker. UpToDate in graphic 86446 provides an algorithm for selecting gait aids with the indications related to endurance, balance, and weight bearing. In this workers medical record there was reference to subjective comments regarding falls and limitations in endurance and a request for a walker but there was no record of objective evaluation to quantify a limitation in stability or endurance to justify the need for a walker. Walkers may be indicated to decrease weight bearing of an extremity but there was no documentation that this was indicated. There was also no documentation to support the alleviation of pain with use of a walker. The request for a walker is not medically necessary or appropriate.