

<b>Case Number:</b>	CM13-0040022		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	09/08/2012
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Occupational 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 68 year old male who was injured on 09/08/2012 while climbing the stairs of a bus; he felt a sharp pain in his low back. Prior treatment history has included Toradol and transforaminal epidural steroid injection, bilateral L5/S1 on 11/19/2012. The patient underwent ORIF of right humerus on 07/19/2013. Diagnostic studies reviewed include MRI was obtained and he was diagnosed with sciatica. MRI of the lumbar spine performed on 11/26/2012 revealed mild retrolisthesis of L4 on L5. He has significant lumbar spondylosis as described with possible climbing of the cauda equina. Comprehensive Initial Orthopedic Consultation report dated 09/13/2013 indicates the presents with complaints of constant severe pain radiating down both legs to the shin with numbness and tingling occasionally to the toes. Objective findings on exam revealed the patient is barely able to walk. He is tender to palpation at L4-5 with positive spasms; Straight leg raise on the right is +35; straight leg raise on the left is less than 10; ankle jerk on the right is 1-2+ and ankle jerk on the left is absent. The patient is recommended a course of physical therapy and a rollator. The patient is very unstable relative to gait. Concomitant injuries to the right proximal humerus prevent his ability to get about and this impacts his gait with respect to rehabilitation therefore pool therapy is deferred until the shoulder has improved. He is instructed to continue on Tramadol and Percocet. He is recommended to start Naprosyn. The patient's disability status indicates he remains permanent and stationary. AME dated 07/01/2013 indicated the patient is diagnosed with 1) Industrial aggravation of multilevel DDD with L4-5 moderate to severe right foraminal stenosis and moderate central stenosis; 2) Right proximal humerus fracture secondary to alleged fall from right leg giving way; 3) Status post right proximal humerus ORIF; Disability status is permanent and stationary for the lumbar spine. The patient has been restricted from lifting greater than 10 pounds, as well as from prolonged standing, sitting, and repetitive bending and stooping.

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

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

### **PURCHASE OF ROLLATOR WITH SEAT: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, OCCUPATIONAL MEDICAL PRACTICE GUIDLINES,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE, PAIN AND LOW BACK CHAPTERS

**Decision rationale:** The Expert Reviewer's decision rationale: This is a 68 yr.old obese male that has significant degenerative disc disease (DDD) which is age related and has radiculopathy of the both legs Rt. >LT. DDD The request is for a walker with a seat (Rollator with a seat). The patient recently fell due to his rt. Leg giving out. There is no exercise or active HEP program mentiond and is listed by several AME as permanent and stationary with a 11% AMA disability. In addition patient had several broken bones in his legs from a fall at work requiring ORIF surgery. Based upon his age and weight the (walker with seat and wheels) rollator with a seat is appropriate if done in conjunction with an active HEP.