

Case Number:	CM13-0043236		
Date Assigned:	12/27/2013	Date of Injury:	05/23/2012
Decision Date:	02/25/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/31/2013

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 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 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 41-year-old female who reported an injury on 05/23/2012. The mechanism of injury was noted to be a fall. Her symptoms are noted to include right-sided headaches, left-sided neck pain, balance impairment, falls, insomnia, anxiety, depression, and cognitive dysfunction. Her objective findings were noted to include normal motor strength in her lower extremities. Her diagnoses include concussion with no loss of consciousness, cognitive disorder due a traumatic brain injury, mood disorder, and post-concussion headaches. A request was made for a 4-wheel walker with a seat and hand brakes, as she is unsafe walking indoors or outdoors.

IMR ISSUES, DECISIONS AND RATIONALES

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

4-Wheeled Walker with Seat and Hand Brakes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare National Coverage Determinations Manual.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Knee & leg, walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: According to the Official Disability Guidelines, walking aides may be recommended for patients with osteoarthritis of the knee. The clinical information submitted for review indicates that the patient was having frequent falls; and therefore, needed the use of a walking device. However, as the physical exam findings included normal motor strength in the bilateral lower extremities, a normal gait, and fair balance, the indication for use of a front-wheeled walker is not clear. Therefore, the request is non-certified.