

Case Number:	CM13-0043942		
Date Assigned:	12/27/2013	Date of Injury:	06/06/2002
Decision Date:	02/28/2014	UR Denial Date:	10/21/2013
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 and Rehabilitation

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 53-year-old female who reported an injury on 06/06/2002. The mechanism of injury was not provided in the medical records. Her diagnoses include postlaminectomy syndrome of the lumbar spine, lumbosacral neuritis, and cervical disc displacement. Her objective findings include an antalgic gait, use of a cane for ambulation, normal deep tendon reflexes bilaterally, and decreased lumbar range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker With a 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 & leg, 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), Knee & leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: According to the Official Disability Guidelines, walking aids, such as canes, crutches, braces, orthoses, and walkers may be recommended for patients with significant knee pain due to osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral osteoarthritis in the knees. The clinical information submitted for review indicates that the patient has lumbar spine and cervical spine conditions; however, she is not noted to have osteoarthritis in her knees. Additionally, her physical examination findings failed to provide evidence of significant motor strength loss in her lower extremities. Therefore, it is unclear why the patient requires a walker for ambulation. As such, the request is non-certified.