

Case Number:	CM13-0044068		
Date Assigned:	12/27/2013	Date of Injury:	04/21/2004
Decision Date:	03/07/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/12/2013

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 claimant is noted to be a 60 year old individual with a history of lumbar degenerative joint disease status post surgery with noted condition of failed back syndrome. Medical records report a qualified medical examination of 5/6/13 indicated findings of the claimant able to walk slowly with no indication of limb atrophy. Reported examination of [REDACTED] on 9/11/13 reported presence of spasms in lumbar spine with reduced range of motion and weakness of the lower extremities. A 11/6/13 note indicates the claimant complains of low back pain with report of hardware pain with radiation to the lower extremities. He has "a lot of weakness to the lower extremities." Examination notes tenderness to palpation of the lumbar spine. He has sciatic stretch sign and straight leg positive raise. There is decreased sensation in L5-S1 bilateral. Antalgic gait is noted. He walks with the assistance of a cane. Findings are reported as L2-3 and L3-4 disc protrusions with bilateral foraminal stenosis and retrolisthesis of L3-4. There is no report of abnormal physical findings regarding the knees. There is no report of abnormal imaging of the knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rollator with seat, front wheeled walker purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, <http://www.odg-twc.com/odgtwc/knee.htm>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The medical records provided for review reflect bilateral lower extremity weakness by physical examination reporting radiculopathy (based on sensory changes and positive straight leg raise) associated with alteration of spine stability (retrolisthesis at L3-4). A wheeled walking aid is supported to improve ambulation and increase safety by reducing fall risk as well as reduce pain. The request is medically necessary and appropriate.

Right pro hinged knee brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, section on Braces.

Decision rationale: The medical records provided for review do not document physical exam findings in support of meeting Official Disability Guidelines regarding medical necessity for knee device. There are no demonstrated physical exam findings regarding the knees or demonstrated knee instability. There is no demonstrated abnormal imaging of the knees supporting the medical necessity of knee brace. The request is not medically necessary and appropriate.

Left pro hinged knee brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, section on Braces.

Decision rationale: The medical records provided for review do not document physical exam findings in support of meeting Official Disability Guidelines regarding medical necessity for knee device. There are no demonstrated physical exam findings regarding the knees or demonstrated knee instability. There is no demonstrated abnormal imaging of the knees supporting the medical necessity of knee brace. The request is not medically necessary and appropriate.