MAXIMUS Federal Services

Case Number:	CM13-0044890		
Date Assigned:	12/27/2013	Date of Injury:	03/16/2008
Decision Date:	02/25/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/30/2013

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 Anesthesiology and 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 patient is a 51-year-old female who reported a work related injury on 03/16/2008, specific mechanism of injury not stated. The clinical notes evidence the patient underwent L4, L5, and S1 internal fusion on an emergency basis in 01/2013. The clinical note dated 03/27/2013 reports that the patient was seen in clinic under the care of [redacted]. The provider documented that the patient, in addition to lumbar spine pain complaints, presents with bilateral knee symptomatology. The provider reported that the patient's medications were refilled (Norco, Soma, Neurontin, Baclofen, Prilosec), and the patient continues to utilize a wheeled walker with a seat.

IMR ISSUES, DECISIONS AND RATIONALES

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

rollator/front wheel walker with a seat attachment QTY: 1.00: 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), ODG-TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg chapter

Decision rationale: The clinical notes evidence that the patient underwent surgical interventions to the lumbar spine in 01/2013. The clinical documentation submitted for review reported the patient postoperatively was utilizing a wheeled walker with a seat. While an assistive device for the patient postoperatively for ambulation may have been indicated, purchase of this durable medical equipment would not be supported, rental would have been preferred. The Official Disability Guidelines indicate that durable medical equipment is defined as equipment which can withstand repeated use, could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. Given all of the above, the request for purchase of a rollator/front wheel walker with a seat attachment is not medically necessary or appropriate.