

<b>Case Number:</b>	CM13-0048142		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/14/1998
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Family Practice 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:

Claimant sustained an injury on 1/14/98 that resulted in a right wrist, neck and shoulder injury. She subsequently developed low back pain and bilateral hip pain. Prior x-rays of her hips showed advanced degenerative changes in bilateral hips. A surgical consultation in June 2013 recommended arthroscopic surgery of the hip. She has been managed with therapy and oral analgesics for pain. An examination on 10/17/13 noted ambulation with flexion contractures and bilateral groin pain. She had antalgic gait with a cane. A request was made for walker with seat for hip pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a walker with a seat, related to the bilateral hip complaints:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis.

**Decision rationale:** The MTUS and ACOEM guidelines do not address this issue. According to the ODG guidelines: walkers and assisted devices are appropriate for bilateral disease of the hips. Although, the claimant may be undergoing surgery, the request is appropriate and within

the guidelines. It is also an added benefit for safety due to poor gait and pain while use of a cane. A walker with seat is medically necessary.