

<b>Case Number:</b>	CM13-0070500		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/20/2007
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 expert 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 injured worker is a 54-year-old female who reported an injury on 02/20/2007 as she attempted to prevent an autistic student from falling. The injured worker reportedly sustained an injury to her low back and suffered emotional distress. The injured worker's chronic pain was managed with physical therapy, acupuncture, psychological support, and multiple medications. The most recent clinical evaluation submitted for review was a psychological evaluation dated 06/17/2013, a review of records dated 06/02/2013, and a psychiatric consultation report dated 01/08/2013. There is no recent clinical documentation submitted by the prescribing physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE WALKER WITH WHEELS AND SEAT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg, Walking Aids.

**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, Walking Aids.

**Decision rationale:** The requested walker with wheels and seat per 11/20/2013 form quantity 1 is not medically necessary or appropriate. Official Disability Guidelines recommend walking

aids for injured workers who have evidence of gait dysfunction that cannot be adequately resolved with lower levels of equipment. In this case, lower levels of equipment would include a cane or single point cane; however, in the absence of any recent documentation supporting deficits that would require ambulation assistance the appropriateness of the request cannot be determined. As such, the requested walker with wheels and seat per 11/20/2013 form quantity 1 is not medically necessary or appropriate.