

Case Number:	CM14-0006996		
Date Assigned:	02/07/2014	Date of Injury:	12/16/2010
Decision Date:	06/27/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/15/2014

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 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 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 61-year-old female who reported an injury on 12/16/2010. The mechanism of injury was a slip and fall. The clinical documentation dated 12/10/2013 reported the injured worker complained of constant moderate dull, achy, sharp low back pain, stiffness, numbness, tingling, and weakness aggravated by lifting 10 pounds, standing, walking, bending and kneeling, the injured worker stated she was losing consciousness and falling down. The injured worker complained of intermittent to frequent moderate dull, achy, sharp, right hip pain associated with movement, sitting, standing, walking, bending, twisting and turning. On physical exam, the provider noted the injured worker had a slow and guarded gait. The injured worker was also using a walker with wheels. The the injured worker had painful decreased range of motion and 3+ tenderness to palpation of the lumbar paravertebral muscles. There were also notations of muscle spasms in the lumbar paravertebral muscles. The injured worker had diagnoses of lumbar disc protrusion, lumbar radiculopathy, lumbar sprain/strain, right hip internal derangement, right hip sprain/strain, status post-surgery right hip and gastritis. The provider requested a walker with a seat. The request for authorization was provided and submitted on 11/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

WALKER WITH 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)

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

Decision rationale: The injured worker complained of constant moderate dull, achy, sharp low back pain, stiffness, numbness, tingling, and weakness, aggravated by lifting 10 pounds, standing, walking, bending and kneeling. The injured worker stated she is losing consciousness and falling down. The injured worker also complained of intermittent to frequent moderate dull, aching, sharp right hip pain. The Official Disability Guidelines state assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral disease. There is a lack of objective findings indicating the injured worker to have osteoarthritis. There is also a lack of documentation indicating the injured worker to have bilateral disease. The documentation provided indicated the injured worker had complaints of right hip pain and lumbar spine pain. The documentation submitted indicated the injured worker was using a walker with wheels. There is a lack of additional information supporting the provider's rationale for a new walker with a seat. Therefore, the request for a walker with a seat is not medically necessary and appropriate.