

Case Number:	CM14-0008719		
Date Assigned:	02/14/2014	Date of Injury:	11/30/2006
Decision Date:	07/28/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 53-year-old male who reported an injury on 11/30/2006. The mechanism of injury occurred due to a heavy lifting incident. On 02/21/2014, the injured worker presented with back pain and umbilical discomfort. Upon examination, the injured worker used his arms to get in and out of the chair, movements were slow, flexion was limited to 25 degrees, and extension bilaterally was less than 25% of normal. There was periumbilical tenderness. The diagnoses were chronic low back pain, history of hernia repair, and diabetic peripheral neuropathy. Prior treatment included surgery, medications, and the provider recommended a wheeled walker with a seat. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheeled Walker with a 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: Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee & Leg, Walking Aids.

Decision rationale: The Official Disability Guidelines state that walking aids are recommended for injured workers with knee pain. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Wheeled walkers are preferred for injured workers with bilateral disease. There are no guideline recommendations for use of a wheeled walker for injured workers with umbilical pain. As such, the request is not medically necessary.