

Case Number:	CM14-0104103		
Date Assigned:	07/30/2014	Date of Injury:	02/23/2011
Decision Date:	09/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/07/2014

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 Occupational Medicine 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 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:

This is a year 48-old-female with a 2/22/11 date of injury, when she fell and sustained injury to the lumbar spine and both knees. The patient underwent right knee surgery. The patient was seen on 6/11/14 with complaints of 6-7.5/10 constant, dull low back pain radiating into bilateral toes. The exam findings revealed diminished sensation on the right leg, pain to palpation along lumbar paraspinal muscles and right S1 and piriformis and DTRs 1+ in the lower extremities. The patient was seen by the neurologist on 7/2/14 with complaints of continued sensory problems in the lower extremities, right greater than left, sciatic-like distribution with numbness, tingling and pain. The patient also complained of right hip pain extending into the groin and perineal/medial thigh region, as well as pain, numbness, tingling and formication in a distribution of the lateral femoral cutaneous nerve of the thigh. The patient reported continued right knee pain with tendency to buckle and 9/10 sharp low back pain increased with prolonged sitting and standing. Exam findings revealed markedly restricted range of motion in the lumbar spine, weakness in the distal upper and lower extremities and atrophy in the right calf. There was non-dermatomal decrease in pin appreciation over the right lower extremity with accentuation in the distribution of the lateral femoral cutaneous nerve of the thigh. The patient stated that her pain was constant with numbness and tingling 24/7 down to the lateral legs and feet and that she had fallen several times. She had difficulty getting on and off the examination table and her gait was severely encumbered and was slightly wide-based and antalgic favoring the right leg. The toe and heel walking and Romberg testing were negative and provocative tests about both hips were positive. The patient came to the visit with a cane and her own cushion seat pad and stated that due to her pain in the leg she was not able to drive the car and perform her ADLs. The diagnosis is lumbar strain, lumbar disc bulge, and lumbar degenerative disease. Treatment to date: lumbar steroid injections, physical therapy, chiropractic treatment, medications, work restrictions. An

adverse determination was received on 6/18/14 given that the records available for the review did not provide any data to indicate the presence of a focal neurological deficit on physical examination that would justify a medical necessity for the requested equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four wheeled walker with a seat: Overturned

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

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 Medicare National Coverage Determinations Manual.

Decision rationale: The ODG states that walking aids are recommended. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. In addition, the Medicare National Coverage Determinations Manual states that a walker is covered if patient meets Mobility Assistive Equipment (MAE) clinical criteria. A MAE is reasonable and necessary for beneficiaries who have a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home. The neurology report dated 6/11/14 indicated that the patient had continued right knee pain and weakness in the lower extremities associated with numbness and tingling. The patient's gait was wide-based and antalgic and she ambulated with a cane. In addition, the patient stated that due to her pain she was not able to perform her ADLs and had a history of several falls. Therefore, the request is medically necessary.