

Case Number:	CM14-0017995		
Date Assigned:	04/16/2014	Date of Injury:	06/18/2008
Decision Date:	06/03/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/12/2014

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 and 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 69 year old female who reported an injury on 06/18/2008. The mechanism of injury was not provided. The clinic note dated 01/14/2014 showed the injured worker complained of increased right-sided back pain on extension and side bending. The physical examination noted the Patrick's test was suggestive on the right and reflexes were good. The treatment plan was to refill medications noted to be Lidoderm patch and Norco, as well as a walker for the injured worker to help with her balance. Additionally the injured worker reportedly received a right SI joint injection without complications. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

4-WHEEL WALKER WITH BRAKES AND SEAT (PURCHASE): 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 & LEG.

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, WALKING AIDS.

Decision rationale: The request for a 4-wheel walker with brakes and seat (purchase) is non-certified. The injured worker has a history of left knee pain and lateral meniscectomy to left knee. The Official Disability Guidelines state assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. Based on the documentation provided for review there is no clear evidence to warrant the need for a 4 wheel walker with brakes and seat due to a lack of balance. Clinical notes showed the injured worker had full range of motion and stable ligaments. Therefore, the request for a 4-wheel walker with brakes and seat (purchase) is non-certified.