

<b>Case Number:</b>	CM14-0019751		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Orthopedic Surgery 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:

The injured worker is a 52 year-old male who was injured on September 7, 2012. The injured is documented as having undergone microdiscectomy and micro decompression at L4-5 and L5-S1 on January 22, 2014. Subsequent clinical documentation dated March 1, 2014 does indeed indicate the injured underwent the operative intervention noted above. The utilization review in question was rendered on January 31, 2013. The reviewer non-certified the requested shower chair and front wheeled walker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SHOWER CHAIR FOR PURCHASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Bath Chairs.

**Decision rationale:** This topic is not addressed by the ACOEM or MTUS. The Official Disability Guidelines (ODG) specifically recommends against bath chairs noting that these are predominately hygienic and not medical in nature. The request is considered not medically necessary.

**FRONT WHEEL WALKER FOR PURCHASE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Walking aids.

**Decision rationale:** The MTUS and ACOEM are silent on this topic. Based on the clinical documentation provided, the injured underwent the operative intervention in the lumbar spine. The requested front wheeled walker would assist this individual and offloading the lumbar spine while emulating. As such, the request is considered medically necessary.