

<b>Case Number:</b>	CM14-0116329		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/29/2008
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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, has a subspecialty in Pain Management 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 patient with the date of injury of May 29, 2006. A utilization review determination dated June 24, 2014 recommends noncertification for the purchase of a walker with a seat. Noncertification was recommended as the paperwork provided indicates that the patient is able to ambulate with the use of a walker, with no statement indicating why a new walker would be needed as opposed to continuing to use the current walker. A progress report dated June 10, 2014 identifies subjective complaints of lower back pain radiating into the lower extremity. The pain is rated as 10/10 without medication and 6/10 with medication. The patient states that he fell 2 weeks ago landing on his knees. The patient states he was taking more medications and ran out of last month's prescription. Objective examination findings reveal 5/5 strength in bilateral lower extremities with moderate pain in the lumbar spine with flexion and extension. Diagnoses include postlaminectomy syndrome, lumbar radiculopathy, and chronic pain syndrome. The treatment plan recommends a lumbar x-ray to evaluate the increased lumbar pain, continuing the current medications, continuing to wait authorization for a new walker with a seat, and return to clinic in one month. A progress report dated May 7, 2014 states patient with unsteady gait and now uses a walker on a regular basis. The request is for authorization for a new walker with a seat.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of walker with seat as an outpatient:** 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), Hip Chapter, Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** Regarding the request for the purchase of a walker with a seat, Official Disability Guidelines state that assistive devices are recommended to assist with ambulation for patients with arthritis. Within the documentation available for review, it appears the patient already has a walker. The requesting physician has not identified why the patient would benefit from a walker with a seat, as opposed to continuing to use the walker that he already has. It is acknowledged that the patient had a recent fall, but there is no identification as to what may have caused the fall such as side effects of medication, lower extremity weakness, inadequate attention being paid to walking, or some other issue. There is no documentation indicating that the patient's current walker is in disrepair, or that the use of a walker with a seat would result in a reduction in fall risk or some other benefit. Therefore, in the absence of documentation identifying why the patient would benefit from a walker with a seat, the currently requested purchase of a walker with a seat is not medically necessary.