

Case Number:	CM14-0135730		
Date Assigned:	08/29/2014	Date of Injury:	12/22/2002
Decision Date:	10/02/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/21/2014

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 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 68 year old male who suffered an industrial injury on March 7, 2002 while performing his duties as a janitor. He stated that he slipped on some water and syrup and landed on the ground on his buttocks. Since then, he has been having back pain which was previously treated with pain medications, physical therapy and exercises. He was diagnosed to have lumbago and lumbar spine degenerative disc disease. In a progress note dated August 12, 2014, it was indicated that he complained of worsening of axial low back pain which was worse with sitting. It was also indicated that he has decreased tolerance to standing and walking. His pain worsened with extension and rotation of the lumbar spine. His physical examination revealed that he ambulated with an antalgic gait. Objective findings included spasm and guarding over the lumbar spine. His straight leg raise test was negative. His sensation was intact to light touch and pinprick bilaterally to the lower extremities. His muscle strength was at 5/5 in all planes. Authorization for the prescription of hydrocodone/ acetaminophen and pantoprazole (Protonix) was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

walker with foot rest, cup holder, and light - Lumbar Spine: 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 Chapter: Wheeled Walker:

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, Walking Aids (canes, crutches, braces, orthoses & walkers)

Decision rationale: The medical records received have limited information to support the necessity of the [REDACTED] walker with foot rest, cup holder and light lumbar spine. As per the Official Disability Guidelines, walking aids are recommended for injured workers with knee pain. There is a lack of documentation of subjective and objective findings of instability in the knees and legs of this injured worker to warrant the request for this durable medical equipment. The only documented objective finding was spasm and guarding over the lumbar spine as well as his antalgic gait. However, it should also be noted that based on his evaluations, he was able go to the gym for five times per week, exercise and perform aquatic therapy. Therefore, the request for a [REDACTED] walker with footrest, cup holder, and light, for the lumbar spine is not medically necessary and appropriate.