

Case Number:	CM14-0152302		
Date Assigned:	09/22/2014	Date of Injury:	02/20/2008
Decision Date:	12/24/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/18/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 53 year old patient with date of injury of 02/20/2008. Medical records indicate the patient is undergoing treatment for lumbago, lumbar and thoracic radiculitis, lumbar/sacral disc degeneration and post-lumbar laminectomy syndrome. Subjective complaints include low back pain rate 10/10 with and without medications, pain in feet, insomnia and anxiety. Patient complains that he feels like his leg is "blowing up like a balloon". He cannot drive due to inability to get in and out of the car although his pain medication may be affecting this. Objective findings include tender at lumbar spine, facet joint, decreased flexion, decreased extension and decreased lateral bending. Treatment has consisted of Valium, Soma, Cialis and Oxycodone. The utilization review determination was rendered on 08/29/2014 recommending non-certification of Walker with wheels and seat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker with wheels and seat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Knee and Leg Procedure

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

Medical Equipment (DME) and Exercise Equipment, Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, durable medical equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of a walker with wheels and seat. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature". Medicare details DME as: durable and can withstand repeated use, used for a medical reason, not usually useful to someone who isn't sick or injured and appropriate to be used in your home. Medical documentation states that the patient's walker has a wheel that is falling off. The treating physician does not detail attempts to repair the walker and if they have failed necessitating the purchase of a new walker. As such, the request for Walker with wheels and seat is not medically necessary at this time.