

Case Number:	CM14-0162977		
Date Assigned:	10/08/2014	Date of Injury:	09/26/2006
Decision Date:	12/12/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/03/2014

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:

This 43-year old patient had a date of injury on 9/26/2006. In a progress noted dated 7/22/2014, the patient complained of constant neck pain with pain extending to the bilateral trapezial region, worse on the right. He also complained of weakness in both arms and hands, and tingling in the fingertips. The leg pain had improved since the operation, but the patient indicated weakness in both legs as well as mild numbness and tingling in both legs, worse on the right. On a physical exam dated 7/22/2014, there was full cervical range of motion; however there was pain with extension. On the neurological exam, motor strength was normal, and there was decreased sensation to lateral forearm and thumb in the bilateral extremities. The diagnostic impression shows cervicalgia and radiculitis. The patient has been cleared to move forward with C5-6 fusion surgery. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision dated 9/2/2014 denied the request for walker #1, stating that there would not appear to be concern for impaired ambulation following surgery to the cervical spine to warrant a walker postoperatively following cervical fusion surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletins: 0505, Subject: Ambulatory Assist Devices

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna clinical policy bulletin

Decision rationale: CA MTUS and ODG do not address this issue. Aetna considers a standard walker and related accessories medically necessary DME if both of the following criteria are met: The member has a medical condition impairing ambulation and there is a potential for ambulation; and there is a need for greater stability and security than provided by a cane or crutches. However, in a progress note dated 7/22/2014, as well as the documentation provided, there was no clear indication that this patient would be at risk for impaired ambulation following cervical spine fusion, to justify a standard walker. There was no clear discussion regarding how a walker would benefit this patient postoperatively. Therefore, the request for walker is not medically necessary.