

Case Number:	CM14-0164863		
Date Assigned:	10/09/2014	Date of Injury:	06/01/2002
Decision Date:	11/10/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/06/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 60-year-old male, who reported injury on 06/01/2002. The mechanism of injury was the injured worker slipped and fell. The injured worker's diagnoses included chronic pain syndrome, low back pain, lumbar strain, myalgia, numbness, right ankle pain, right knee pain, and left elbow pain. The injured worker's past treatments include medications and physical therapy. On the clinical note dated 08/15/2014, the injured worker complained of low back pain with alternating pulsations down legs. The injured worker rated his pain 7/10 to 10/10 without medication and 4/10 with medication. The injured worker's diagnostic testing was not provided. The injured worker's surgical history included left knee ACL in 1995, plantar fascia release in 2012, and exostectomy with tendon repair to the left heel in 2012. The injured worker had numbness down his lower extremities with balance issues. The injured worker had multiple muscle spasms in the L4-5 and along the iliac crest. Range of motion was noted to the lumbar spine as flexion fingertips to shins, extension to neutral with pain, lateral flexion bilaterally fingertips to mid thighs, and unable to assess rotation secondary to left lower extremity buckling. The injured worker's medications included indomethacin 50 mg 3 times a day, tramadol 50 mg 2 three times a day, amlodipine 50 mg daily, and aspirin 81 mg daily. The request was for massage therapy for the low back 1 x6 weeks and 4 wheeled walker with padded seat. The rationale for massage therapy is to decrease pain, tightness, and improve mobility. The rationale for the 4 wheeled walker is the current walker is noted to be unstable and does not provide the proper support the injured worker needs. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four wheeled walker with padded seat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation KNEE & LEG, WALKING AIDS

Decision rationale: The request for four wheeled walker with padded seat is not medically necessary. The injured worker is diagnosed with chronic pain syndrome, low back pain, lumbar strain and myalgia, numbness, right ankle pain, right knee pain, and left elbow pain. The Official Disability Guidelines recommend walking aids. Guidelines state almost half the patients with knee pain possess a walking aid. Disability, pain, and age related impairments seem to determine the need for a walking aid. Assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral disease. There is a lack of documentation of the rationale for a padded seat 4 wheeled walker. Medical records indicate that the injured worker's current 4 wheeled walker is unstable and does not provide the proper support for the injured worker. The requesting physician recommended a 4 wheeled walker with a padded seat to provide improved mobility and safety. There is a lack of documentation that indicates significant objective functional deficits to warrant a walking aid. There is a lack of documentation indicating the injured worker has significant debilitation with ambulation. As such, the request for four wheeled walker with padded seat is not medically necessary.