

Case Number:	CM14-0166493		
Date Assigned:	10/13/2014	Date of Injury:	12/14/2008
Decision Date:	12/02/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/09/2014

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 Spine Surgeon 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 37-year-old female who reported an injury on 12/14/2008. The mechanism of injury was not provided. On 09/18/2014, the injured worker presented with low back pain and neck pain. Therapy included physical therapy, medications and injections. Upon examination of the lumbar spine there was pain to palpation over the lumbar spine and SI joint. Range of motion was limited secondary to pain. There was 5/5 strength bilaterally, proximally, and distally. There was 2/5 equal bilateral deep tendon reflexes noted. There was a positive left sided Faber's sign and negative bilateral straight leg raise. The diagnoses were status post L5-S1 TLIF 01/11/2012, status post prior L4-5 discectomy, and adjacent L4-5 disc protrusion and left sacroiliitis. The provider recommended forearm crutches; the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Forearm crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot: Walking Aids

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, Walking Aids

Decision rationale: The request for forearm crutches is not medically necessary. The Official Disability Guidelines (ODG) state that pain, disability, and age related impairments determine the need for a walking aide. There is a lack of documentation of instability or weakness noted on physical exam or the injured worker's inability to bear weight. The provider does not provide a rationale for forearm crutches. As such, this request is not medically necessary.