

Case Number:	CM14-0166990		
Date Assigned:	10/14/2014	Date of Injury:	05/23/2008
Decision Date:	12/03/2014	UR Denial Date:	10/01/2014
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 Internal medicine and is licensed to practice in Maryland. 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 employee was a 58-year old female who sustained an industrial injury on 05/23/2008. Her mechanism of injury was slipping and falling in the bathroom. The clinical note from 07/19/2014 was reviewed. Subjective complaints included neck, lower back and bilateral shoulder pain. The neck pain was 5/10 and radiating to bilateral arms. Low back pain was 6/10 and was radiating to bilateral legs. Bilateral shoulder pain was 6/10 and radiating to wrists and hands. Pertinent examination findings included tenderness to palpation over paraspinal cervical muscles trigger point myospasms, limited range of motion of spine, positive Spurling's test, tenderness to palpation over the paralumbar muscles, limited flexion of lumbar spine and trigger point myospasms. The diagnoses included chondromalacia of bilateral knees, lumbar radiculopathy, cervical spine pain with bilateral shoulder internal derangement. The request was for walker with seat.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) walker with 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 (ODG), Knee and Leg, 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 lower leg, walking aids

Decision rationale: According to Official disability guidelines, DME like walker are generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Walkers are recommended for patients who have mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living in the home, which are able to safely use the walker and the functional mobility deficit can be sufficiently resolved with use of a walker. The clinical notes reviewed don't have any documentation of her gait and details on mobility deficits that are limiting her ADLs. The knee joint range of motion was not significantly restricted and no instability was noted on examination. There was also no weakness documented in lower extremities. Hence the request for walker with seat is not medically necessary or appropriate.