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| Case Number: | CM14-0167451 | | |
| Date Assigned: | 10/14/2014 | Date of Injury: | 01/03/2007 |
| Decision Date: | 12/09/2014 | UR Denial Date: | 09/19/2014 |
| Priority: | Standard | Application Received: | 10/10/2014 |

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 Orthopaedic 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 64-year-old female sustained an industrial injury on 1/3/07. The mechanism of injury was not documented. Past surgical history was positive for L3/4 and L4/5 fusion in 2008. The 8/22/14 treating physician report cited increased back and left lateral hip pain over the past month. The patient was last seen in November 2012. She had been using a cane and had to move away from a walker due to her pain levels. Physical exam documented good lumbar range of motion consistent with prior fusion, and satisfactory gait. There was left hip bursal tenderness with no sensory or motor deficits. Lumbar spine radiographs showed excellent alignment and position of the hardware, solid L3 through L5 fusion, and adjacent segment disease. The diagnosis was lumbar spondylolisthesis status post lumbar fusion at L3/4 and L4/5, residual left leg radiculopathy, recurrent lumbar radiculopathy and increased pain due to adjacent segment stenosis and degenerative changes status post epidural injection, and left hip bursitis. The treatment plan included continued medications and documented administration of a left hip injection. Authorization was requested for 12 aquatic therapy visit, a rolling walker, and a cane. A new rolling walker with hand brakes and a seat was recommended as this could be the most helpful in her ability to walk. The 9/19/14 utilization review denied the request for a wheeled walker as a cane had been certified and the medical necessity of a walker was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Wheeled rolling walker with seat and hand brakes: 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 Index, 12th Edition (web) 2014, Knee & 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 Leg, Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: The California MTUS and Official Disability Guidelines (ODG) do not address the use of walkers in low back complaints. The ODG states that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. Guideline criteria have not been met. There is no current documentation of a functional limitation in ambulation. Gait is reported as satisfactory. Recent cane use was reported instead of walker use due to pain levels. There is no documentation as to why a replacement walker is medically necessary or why a cane would be insufficient as an assistive device. Therefore, this request is not medically necessary.