

Case Number:	CM14-0170417		
Date Assigned:	10/20/2014	Date of Injury:	08/12/2013
Decision Date:	12/11/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/15/2014

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 Occupational Medicine 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 is a 27-year-old female with an 8/12/13 date of injury. She was seen on 9/11/14 with complaints of difficulty walking distances. Objective findings included mild antalgic gait and no change in tenderness. A progress note dated 8/04/14 documented back pain with no radicular component and tenderness in the right lumbar SI area. Her diagnosis is chronic back pain and myofascial pain. Treatments to date include physical therapy, acupuncture and medications. The UR decision dated 9/23/14 denied the request as there was no clear rationale provided for why the walker is being requested. In addition, there was no mention of the patient having significant objective gait abnormalities or significant objective findings to support the request. Treatment to date: PT, acupuncture, and medications. The UR decision dated 9/23/14 denied the request as there was no clear rationale provided for why the walker is being requested and there was no mention of the patient having significant objective gait abnormalities or significant objective findings to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rolling Seated Walker QTY: 1: 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 & Leg, Walking Aids (Canes, Braces, Orthosis & Walkers)

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

Decision rationale: CA MTUS does not address this issue. Official Disability Guidelines (ODG) recommends a rolling walker for patients who cannot use crutches, standard walkers or other standard ambulatory assist devices. There are no objective findings as to the rationale for a rolling seated walker in this patient. There has been no discussion in the documentation provided as to why the patient cannot use a standard ambulatory assisted device. Therefore, the request for a rolling seated walker is not medically necessary.