

Case Number:	CM14-0170808		
Date Assigned:	10/23/2014	Date of Injury:	10/02/2001
Decision Date:	12/05/2014	UR Denial Date:	09/29/2014
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 Physical Medicine and Rehabilitation 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 52 year-old patient sustained an injury on 10/2/2001 from heavy lifting. Request(s) under consideration include 4-wheel walker with seat and brakes for lumbar spine and right ankle-foot. Diagnoses include low back pain with radicular symptoms s/p L4-S1 fusion and failed back syndrome; and tarsal tunnel release in November 2013. Medications list Butrans patch, topical compound creams. Report of 9/2/14 from the provider noted the patient has follow-up for low back pain radiating to bilateral leg and right ankle pain rated at 4-8/10. Conservative care has included medications, physical therapy, acupuncture, TENS unit, and modified activities/rest. Exam showed slightly antalgic gait; limited lumbar range of flex/ext/lateral bending and rotation of 20/0/10/30 degrees with weakness in feet dorsiflexion and decreased sensation over left L5 and S1 dermatomes. The request(s) for 4-wheel walker with seat and brakes for lumbar spine and right ankle-foot was non-certified on 9/29/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 wheel walker with seat and break for lumbar spine and right ankle.foot: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) walker, page 39, pages 358-359

Decision rationale: Request under consideration include 4-Wheel Walker with seat and brakes. Disability, pain, and age-related impairments seem to determine the need for a walking aid; however, medical necessity for request of walker has not been established as no specific limitations in ADLs have been presented. The provider noted the patient is ambulating with antalgic gait without documented difficulties or specific neurological deficits defined that would hinder any ADLs. The patient has been participating in outpatient office visits without issues and does not appear to be home-bound. Guidelines also note framed or wheeled walkers are preferable for patient with bilateral knee disease which has not been demonstrated here. Submitted reports have not demonstrated adequate support for this 4-wheeled walker with seat and brakes from clinical perspective and findings. The 4-wheel walker with seat and brakes for lumbar spine and right ankle-foot is not medically necessary and appropriate.