

Case Number:	CM14-0031440		
Date Assigned:	06/20/2014	Date of Injury:	03/07/1989
Decision Date:	07/21/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/12/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 7, 1989. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and a prior lumbar laminectomy surgery. In a Utilization Review Report dated February 17, 2014, the claims administrator denied a request for a four-wheeled walker with seat and brakes on the grounds that the attending provider had not performed a formal gait assessment of the applicant. Somewhat incongruously, however, the claims administrator stated that the applicant was an obese individual in a wheelchair who had bilateral knee arthritis and had an older walker with a poorly functioning brake. The claims administrator did not incorporate cited non-MTUS ODG Guidelines into its rationale and did not, moreover, cite any MTUS Guidelines in its report. The applicant's attorney subsequently appealed. In a progress note dated November 11, 2013, the applicant was described as having a primary diagnosis of chronic pain syndrome, chronic tremor, and chronic low back pain. The applicant was given a prescription for a walker along with a prescription for methadone. The applicant did have a variety of comorbidities, including diabetes, depression, sleep apnea, and hypertension, it was stated. The applicant was using a variety of medications, including carbidopa-levodopa, Celebrex, Klonopin, Cymbalta, Prozac, Norco, Lortab, Lidoderm, Lyrica, methadone, Remeron, Prilosec, and Coumadin. The applicant was also receiving dialysis and exhibited both a resting and an intention tremor. The applicant was described as obese and sitting down in a wheelchair. In an earlier note of September 13, 2013, the applicant was described as having ongoing issues with chronic low back pain, end-stage renal disease, and pain in the limb. The applicant was having weakness and foot pain while walking, it was stated. The applicant was having difficulty ambulating, it was stated. He

needed a walker to facilitate transferring, it was stated. Tremor was apparently exhibited. The applicant was again described as obese, although his body mass index (BMI) was not provided. On January 8, 2014, it was stated that the applicant had recently fallen on his way to his bathroom and was using a powered wheelchair exclusively. The applicant used a walker to transfer and move for short distances in the home. The applicant was able to stand only from the chair with considerable difficulty. The applicant had to balance himself against the counter-top so as to get out of the wheelchair. A visible intention tremor was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FOUR-WHEELED WALKER WITH SEAT AND BRAKES BETWEEN 2/13/2014 AND 3/30/2014: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Worker's Compensation, Online Edition, Chapter Knee & Leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, page 99.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices are not recommended if the functional mobility deficit is such that an applicant's gait deficits can be rectified through usage of a conventional cane or walker. In this case, it appears that, at a minimum, the applicant has significant gait derangement and gait imbalance owing to a variety of issues, including chronic low back pain, knee pain, diabetic neuropathy, and intention tremor/Parkinsonism. Provision of a walker is therefore indicated. Accordingly, the request is medically necessary.