

Case Number:	CM14-0046314		
Date Assigned:	07/02/2014	Date of Injury:	11/10/2011
Decision Date:	09/17/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/14/2014

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 patient is a 69-year-old who has submitted a claim for right shoulder rotator cuff repair and cervical strain associated with an industrial injury date of November 10, 2011. On examination, the right shoulder had tenderness and limited range of motion. There were spasms of the cervical trapezius and deltoids although these were decreased from prior encounters. No progress note mentioned any objective knee findings. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right shoulder and elbow pain, right wrist pain and left knee pain. Treatment to date has included shoulder subacromial decompression in December 2013, medications, TENS (transcutaneous electrical nerve stimulation), home exercises, heat/cold therapy, physical therapy and a lumbosacral orthotic. Utilization review from April 11, 2014 denied the request for Walker because there was neither indication of ambulation or balance difficulties nor rationale of how a walker would be beneficial to a patient who is starting postoperative shoulder therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker: 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 Chapter-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 Chapter, Walking aids.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. In this case, the patient was prescribed a walker because of her complaints of instability and near falls. However, it is unclear from the records when these periods of instability and near falls happened. There was a note that the patient had a total of 6 falls at work over the past 13 years. This history of falls and instability necessitates further evaluation as to whether it is pathologic or accidental. The patient also complained of left knee pain, which according to the ODG guidelines may necessitate walking aids. However, the patient's knee complaint was not adequately evaluated in all the reviewed progress notes. The knee pain was not characterized subjectively and no physical examination of the knee was done. Therefore, the request for a walker is not medically necessary or appropriate.