

Case Number:	CM14-0052456		
Date Assigned:	07/11/2014	Date of Injury:	03/20/1987
Decision Date:	08/27/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/21/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 65 year old woman with a date of injury of 3/20/87. She was seen by her physician on 3/18/14 with complaints of neck and left upper extremity pain and low back and left lower extremity pain. She is status post epidural injections, physical therapy and 'extensive medication management. Decompressive lumbar surgery and fusion for spinal stenosis and spondylolithesis has been deferred until she can 'obtain medical clearance, lose 100lbs and improve her diabetic control. Her physical exam showed that she had an antalgic gait and tenderness to palpation of the lumbar spine (right>left). She had negative straight leg bilaterally and decreased sensation to light touch and vibration below the knee in her right lowe extremity. She had weakness in left triceps and grip extension and was tender to palpation at the base of the cervical spine. Her diagnoses included spinal stenosis of the lumbar region, lumbosacral disc degeneration, thoracic or lumbosacral neuritis or radiculitis and cervical disc degeneration. She was said to have morbid obesity and the request for authorization of hand rails in the house and a light weight sit-stand walker with a seat is at issue in this review. Her current seated walker is said to be too heavy and her current light walker has no seat. Also at issue in this review is the request for a reacher and hand rails after occupational therapy home visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reacher and hand rails: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-<http://www.acoempracguides.org/low-back>; Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-183.

Decision rationale: In this case the employee is presented with weakness in left triceps and grip extension and was tender to palpation at the base of the cervical spine. The employee was said to have had a home visit by occupational therapy which recommended a reacher and hand rails. The details of this are not included in the note nor is an evaluation of functional status to justify the need for a reacher and hand rails. Therefore, the request for reacher and hand rails is not medically necessary and appropriate.

Light weight sit/stand walker with seat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-<http://www.acoempracguides.org/low-back>; Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

Decision rationale: Based on the medical records provided for review, the employee's physical exam showed that she had an antalgic gait but it is not described further. There is no weakness documented in the employee's lower extremities or evaluation of her functional status / ambulation ability. She already has a seated walker and a light walker. The medical records do not substantiate why the employee requires a third walker when she has two current walkers and her functional status / gait ability is not documented. As such, the request for a light weight sit/stand walker with seat is not medically necessary and appropriate.