

<b>Case Number:</b>	CM14-0056591		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Orthopedic Surgery 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 44-year-old male sustained an industrial injury on 6/21/11. Injury occurred while he was applying primer in a pool and a bobcat tractor fell on top of his left leg and knee. The patient underwent diagnostic arthroscopy with partial medial and lateral meniscectomy and chondroplasty on 5/15/13. The 11/14/13 electrodiagnostic study documented evidence of chronic left L5 radiculopathy. The 2/14/14 lumbar spine MRI documented an L5/S1 disc bulge with 2-3 mm of anterolisthesis and severe left and mild to moderate neuroforaminal narrowing. Signal changes were consistent with bilateral pars defects. There were multilevel disc bulges and disc desiccation with no significant neuroforaminal narrowing or canal stenosis at the other levels. The 3/4/14 treating physician report cited constant grade 8-10/10 low back pain radiating into the bilateral lower extremities with numbness and tingling. Pain increased with prolonged standing, walking or sitting. Heat, ice and medications helped alleviate the pain. The patient was a current smoker. Physical exam findings documented severe paraspinal spasms and tenderness, moderate loss of range of motion, and positive straight leg raise bilaterally at 30 degrees. Thigh circumference was 48 cm left and 50 cm right. There was decreased sensation over the posterior aspect of the calf and heel. There was 4+/5 tibialis anterior and extensor hallucis longus weakness and 4/5 gastroc/peroneus longus weakness bilaterally. Achilles reflexes were absent bilaterally. X-rays demonstrated bilateral pars fracture and grade 1 spondylolisthesis/anterolisthesis at L5/S1 with approximately 5 mm of motion on flexion/extension x-rays. Authorization was requested for anterior posterior fusion and decompression at L5/S1 and associated pre-operative and post-operative services and durable medical equipment. A front wheeled walker was requested for ambulation post-operatively. The 3/27/14 utilization review denied the request for front wheeled walker as the associated surgery was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Front Wheeled Walker:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Comp 18th Edition, 2013 Updates, Chapter Knee: Durable Medical Equipment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** This 44-year-old male sustained an industrial injury on 6/21/11. Injury occurred while he was applying primer in a pool and a bobcat tractor fell on top of his left leg and knee. The patient underwent diagnostic arthroscopy with partial medial and lateral meniscectomy and chondroplasty on 5/15/13. The 11/14/13 electrodiagnostic study documented evidence of chronic left L5 radiculopathy. The 2/14/14 lumbar spine MRI documented an L5/S1 disc bulge with 2-3 mm of anterolisthesis and severe left and mild to moderate neuroforaminal narrowing. Signal changes were consistent with bilateral pars defects. There were multilevel disc bulges and disc desiccation with no significant neuroforaminal narrowing or canal stenosis at the other levels. The 3/4/14 treating physician report cited constant grade 8-10/10 low back pain radiating into the bilateral lower extremities with numbness and tingling. Pain increased with prolonged standing, walking or sitting. Heat, ice and medications helped alleviate the pain. The patient was a current smoker. Physical exam findings documented severe paraspinal spasms and tenderness, moderate loss of range of motion, and positive straight leg raise bilaterally at 30 degrees. Thigh circumference was 48 cm left and 50 cm right. There was decreased sensation over the posterior aspect of the calf and heel. There was 4+/5 tibialis anterior and extensor hallucis longus weakness and 4/5 gastroc/peroneus longus weakness bilaterally. Achilles reflexes were absent bilaterally. X-rays demonstrated bilateral pars fracture and grade 1 spondylolisthesis/anterolisthesis at L5/S1 with approximately 5 mm of motion on flexion/extension x-rays. Authorization was requested for anterior posterior fusion and decompression at L5/S1 and associated pre-operative and post-operative services and durable medical equipment. A front wheeled walker was requested for ambulation post-operatively. The 3/27/14 utilization review denied the request for front wheeled walker as the associated surgery was not medically necessary.