

<b>Case Number:</b>	CM14-0062916		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/30/2007
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 62 year-old female housekeeper sustained an injury on 3/30/07 while employed by [REDACTED]. Diagnoses included bilateral knee meniscal tear/chondromalacia patella; status post lumbar decompression and fusion of L4-5 and L5-S1; bilateral carpometacarpal with early post-traumatic arthritis; bilateral shoulder impingement; cervical degenerative disc disease/degenerative joint disease at C5-6; insomnia, anxiety, and depression; and fibromyalgia. An AME report of 4/27/11 noted the patient's ambulation with cane, negative straight leg raise, intact sensation in all dermatomes with intact 5/5 motor strength, and symmetrical deep tendon reflexes in the bilateral lower extremities. It was noted no further findings or additional orthopedic impairment/disability were found with unaltered previous findings on 9/7/10. The report of 2/26/14 from the provider noted the patient has ongoing severe neck and left shoulder pain, mild mid-low back pain, and moderate right and severe left knee pain. The patient has been utilizing a cane. Medication include over-the-counter Tylenol and topical creams, along with Prilosec for her stomach protection. The patient is not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rollator front wheel walker with seat:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare's walker criteria.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** Per the Official Disability Guidelines, 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 activities of daily living have been presented. The patient is currently taking over-the-counter Tylenol and topical creams for the chronic pain complaints. The provider noted the patient is ambulating with a cane without documented difficulties or specific neurological deficits defined that would hinder any activities of daily living. A supplemental re-evaluation report from an AME in 2011 noted the patient was using a cane without difficulties and opined no change in impairment or disability status. Exam had found intact neurological exam of motor strength and sensation in bilateral lower extremities. The patient has been participating in outpatient office visits without issues and does not appear to be home bound. Submitted reports have not demonstrated adequate support for this from a clinical perspective without new acute injury or red-flag conditions. As such, the request is not medically necessary.