

Case Number:	CM14-0064167		
Date Assigned:	07/11/2014	Date of Injury:	09/07/2000
Decision Date:	08/21/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/06/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 60-year-old male who reported an injury on 09/07/2000. He was noted to have suffered an unspecified injury while working for a cleaning service. He is diagnosed with post-laminectomy syndrome of the cervical region. His past treatments were noted to include multiple medications, participation in a chronic pain program, and trigger point injections. On 01/15/2014, the injured worker was seen for a chronic pain management visit. A physical examination revealed poor posture, spasm in the left trapezius muscle with a positive trigger point in the trapezius, as well as the levator scapula on the right side. His medications were noted to include Subutex, Gabapentin, Clonidine, Effexor XR, Protonix, Topamax, Trazodone, and Simvastatin. The treatment plan included trigger point injections, monthly follow-up visits, and a wheeled walker. The walker was noted to be requested to aid in ambulation. The Request for Authorization form was not submitted in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Wheeled Walker with Chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the Official Disability Guidelines, walking aides, including walkers, may be recommended for patients with knee pain. The guidelines specifically state that framed or wheeled walkers are preferable for patients with bilateral knee disease. The clinical information submitted for review failed to provide details regarding the injured worker's need for a wheeled walker, as there was no documentation indicating an unsteady gait or evidence of instability. In addition, he was not noted to have significant knee pain. Therefore, in the absence of further clarification regarding the injured worker's need for a wheeled walker with a chair, the request is not supported. As such, the request is not medically necessary.