

Case Number:	CM14-0066086		
Date Assigned:	07/11/2014	Date of Injury:	09/12/2011
Decision Date:	09/17/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/09/2014

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 52 year old male who sustained an injury on 09/12/2011 while he was pulling on a tarp and noted the pain in the lumbosacral spine. Prior treatment history has included lumbar epidural injections which provided temporary benefit. Progress report dated 02/18/2014 states the patient presented with HNP of the low back, cervical spine, and thoracic spine. He also reported anxiety and depression, as well as headaches. On exam, he had decreased range of motion of the ankle on the right. He has numbness of the legs. Lumbar flexion is to 50; rotation to 15; right lateral bending to 20/15. He has positive straight leg raise bilaterally. He is diagnosed with herniated disc at L5-S1 and L4-L5 intervertebral disc; radiculopathy of the lower extremity; degenerative cervical spine disc disease. He is recommended for a walker to prevent from falling. He was instructed to continue with his psych care and follow up with internal medicine. The notes provided in the medical record are illegible and there has been no change noted from prior UR. Prior utilization review dated 04/09/2014 states the request for Heavy Duty Rollator- walker with chair is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heavy Duty Rollator- walker with chair: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: CA MTUS guidelines do not specifically discuss the issue in dispute. According to ODG guidelines, assistive devices for ambulation, such as wheeled walkers, can reduce pain associated with osteoarthritis. This is a request for a heavy duty rollator walker with chair to prevent falling for a 52-year-old male injured on 9/12/11 with chronic low back pain. However, records suggest the patient has a mild limp and is able to walk with a cane. Further, history and examination findings do not support the need for a specialized walker over a standard walker. Medical necessity is not established.