MAXIMUS Federal Services

Case Number:	CM14-0077610		
Date Assigned:	06/13/2014	Date of Injury:	10/21/2007
Decision Date:	07/21/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/28/2014

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:

Injured worker is a male with a date of injury October 21, 2007. Per letter from the requesting physician dated October 7, 2013, the injured worker injured his back and is post failed recovery from back and neck procedures. He has progressive hip and groin pain over the past several years with pain into the knee. On exam he has limited motion about the hip, pain in the groin, pain with rotation, and pain with standing or walking. Diagnoses include severe arthritis involving the medial aspect of the joint and a superior labral tear on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

A WALKER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis chapter, Walking Aids section.

Decision rationale: The request for a walker was accompanied by requests for right total hip replacement, which was not certified. There are no documents subsequent to this denial to suggest that the request for a walker is independent of this procedure. Clinical notes reviewed

indicate that the injured worker has a slightly antalgic gait favoring the left with no findings to suggest that he is unstable or is in need of assistance for ambulation. The MTUS Guidelines do not address the use of walkers. The ODG does recommend the use of walkers to reduce pain associated with osteoarthritis. In the absence of the total hip replacement surgery, it is not evident that the injured walker has pain from walking that may benefit from the use of a walker. The request for a walker is not medically necessary or appropriate.