

Case Number:	CM14-0086906		
Date Assigned:	07/23/2014	Date of Injury:	02/02/2004
Decision Date:	08/28/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/10/2014

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 Family Practice, and is licensed to practice 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:

60 yr. old male claimant sustained a work injury on 2/2/04 involving the low back and lower extremities. He was diagnosed with a herniated lumbar disk and chronic low back pain. A progress note on 5/2/14 indicated the claimant had stiffness and numbness in the legs and weakness of the upper leg. He was unable to get up from bed and perform activities He used a walker and wheel chair to mobilize. Exam findings were notable for painful range of motion of the back and hypoesthesia of the L2-L4 region. A subsequent request was made for a Walker with Seat and Benches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker with seat and benches.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter: Walking Aids.

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

Decision rationale: The ACOEM and MTUS guidelines do not comment on a walker. According to the Official Disability Guidelines, Framed or wheeled walkers are preferred with

those with bilateral lower extremity disease. A Durable Medical Equipment is recommended generally if there is a medical need. Since the claimant is simultaneously using a walker and wheel chair, it is evident that he needs a walker with a seat to allow him to ambulate and sit as needed. He has significant weakness and pain that requires him to use a walking aid. The request for a walker with a seat and bench is medically necessary.