

Case Number:	CM14-0087190		
Date Assigned:	07/23/2014	Date of Injury:	02/01/2008
Decision Date:	09/09/2014	UR Denial Date:	05/29/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 78 year old female whose date of injury is 02/01/2008. The injured worker was plugging in electric carts and got caught in between them and lost her balance. Diagnoses are spasmodic torticollis, spasm of muscle, postconcussion syndrome, dizziness and giddiness, lumbago and sciatica. Office visit note dated 03/20/14 indicates that the injured worker last fell on 01/13/13. Physical examination notes that the injured worker has a cane, gait is cautious and base is widened. The injured worker cannot tandem walk. Deep tendon reflexes are normally active and symmetric. There is no tremor. There is no focal, generalized or lateralized weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

unspecified assistive walking device: 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) Knee and Leg Chapter, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The request is nonspecific and does not indicate what is being requested. There is no weakness documented in the lower extremities. The injured worker is noted to ambulate with a cane. There is no clear rationale provided to support the request at this time. Therefore, the request is not in accordance with the Official Disability Guidelines, and medical necessity is not established. Based on the clinical information provided, the request for unspecified assistive walking device is not recommended as medically necessary.