

Case Number:	CM14-0098136		
Date Assigned:	07/28/2014	Date of Injury:	09/26/2008
Decision Date:	08/28/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/26/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 57 year-old female who was reportedly injured on September 26, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated July 28, 2014 indicates that there are ongoing complaints of low back pain, bilateral hip and lower extremity pain, bilateral wrist and shoulder pain. The physical examination demonstrated 5'1", 260 pound individual who is noted to move about with strong assistance of industrial-strength walker with a seat. The injured worker is able to move without this device. There is no noted atrophy in the bilateral lower extremities. Diagnostic imaging studies were not reported in these records. Previous treatment includes acupuncture, physical therapy, multiple medications and surgical intervention. A request was made for a Walker with a seat and was not certified in the pre-authorization process on May 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker with A Seat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Online - Knee and Leg (Updated 11/29/12).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter updated July, 2014.

Decision rationale: When noting the date of injury, the injury sustained, the current physical examination and the notation from the requesting provider that this injured employee already has a heavy-duty walker with an industrial size/strength's seat there is no medical necessity provided to repeat this device. As noted in the Official Disability Guidelines such walking aids can be recommended in very narrowly focused clinical situations. That clinical situation is not present in this case. Therefore, when combining the fact that the employee already has such a device and that the clinical indications that support this device is not medically necessary.

Relafen 750 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 72.

Decision rationale: When noting the date of injury, the mechanism of injury, the current clinical evaluation presented for review tempered by the parameters outlined in the California Medical Treatment Utilization Schedule; there is no clear clinical indication for the continued use of this medication. It is noted this individual has a complaints of chronic low back pain; however there are no inflammatory processes. Furthermore, there is no indication that this medication has demonstrated any efficacy or utility in terms of symptom control, pain control or any other objective parameters. Therefore, based on the clinical information presented for review this is not medically necessary.