

Case Number:	CM14-0186511		
Date Assigned:	11/18/2014	Date of Injury:	06/21/2011
Decision Date:	01/06/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 6/21/11. A utilization review determination dated 10/28/14 recommends non-certification of a walker with seat. 10/14/14 medical report identifies low back pain 10/10. Medications help minimally. On exam, there is tenderness, limited ROM, and motor strength 5-/5 in unspecified myotome(s). Recommendations include a walker with seat, Norco, pain management evaluation and transfer of care, and a return to clinic in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker With seat: 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), Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: Regarding the requested walker with seat, CA MTUS does not address the issue. ODG does not address walkers for low back pain, although they recommend walking aids for some patients with conditions such as knee osteoarthritis. Within the documentation available for review, the provider does not identify any difficulties with ambulation and there only very

mild weakness noted. Furthermore, there is no rationale identifying why any mobility deficits would require a walker rather than a simpler and less restrictive device such as a cane. In light of the above issues, the requested walker with seat is not medically necessary.