

Case Number:	CM14-0199884		
Date Assigned:	12/10/2014	Date of Injury:	02/02/2006
Decision Date:	01/26/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal 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:

According to a progress note provided by the treating chiropractor from April of 2014, the IW was ambulating without assistive devices. His gait was normal. In a progress note from July of 2014, the provider reports that all physical therapy will be stopped because it has not been beneficial. The current request is for a walker. There is no documentation providing the injured worker's current functional limitations, or if the IW had surgery, or has an upcoming surgery to be scheduled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, the walker is not medically necessary. The guidelines suggest walking aids for patients with conditions causing impaired ambulation. See the ODG for specific details. In this case, the injured worker is 56 years old with

a date of injury from worries second 2006. The injured worker's working diagnoses are lumbosacral radiculopathy; and lumbar sprain/strain. In April 2014 the injured worker was ambulating without an assistive device. In July 2014 physical therapy was stopped. A chiropractic progress note dated October 7, 2014 noted there were no subjective or objective findings on physical examination. The chiropractor ordered a walker in the treatment recommendations; however, there was no clinical indication present. Consequently, absent the appropriate clinical indication or rationale and/or supporting evidence for walker, a walker is not medically necessary.