

Case Number:	CM14-0207723		
Date Assigned:	12/19/2014	Date of Injury:	09/19/2013
Decision Date:	02/13/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/11/2014

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 Interventional spine 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 patient is a 48-year-old male with a date of injury of 09/19/2013. According to progress report dated 10/29/2014, the patient presents with continued low back pain. He also complains of pain that radiates from his left elbow towards his shoulder. The patient's current medication regimen includes ibuprofen 800 mg, omeprazole 20 mg, Percocet 10/325 mg, diazepam 2.5 mg, and Ambien 10 mg. Examination of the lower back revealed the patient is utilizing a lumbar support. Flexion is 50 degrees, extension is 5 degrees, and lateral bending to the right and left is 5 degrees. Examination of the shoulder revealed left shoulder flexion is 170 degrees, extension is 35 degrees, and abduction is 90 degrees. Right shoulder range of motion is full in all directions. Examination of the upper extremities revealed tenderness in the medial aspect of the left upper arm and elbow. Flexion and extension, supination and pronation of bilateral upper extremity is near equal and full. The listed diagnoses are: 1. Chronic low back pain secondary to grade 2 anterolisthesis of L5 over S1. 2. Chronic left hip pain. 3. High blood pressure. 4. Chronic left shoulder pain. 5. Insomnia secondary to pain. The patient is currently unable to work and is TTD. Treatment plan was for the patient to continue with current medications and follow-up in 4 weeks. A request for a rollator was made. The Utilization Review denied the request on 12/10/2014. Treatment reports from 07/09/2014 to 10/29/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Rollator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, 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) knee chapter, walking aids.

Decision rationale: This patient presents with ongoing low back pain and shoulder pain. The current request is for purchase of rollator. The rollator is a rolling walker with a seat. The ACOEM and MTUS Guidelines do not discuss wheeled walkers. The ODG Guideline provides a discussion regarding walking aids under its knee chapter. ODG states, "Recommended for patients with conditions causing impaired ambulation when there is a potential for ambulation with these devices." The Utilization Review denied the request stating that "there have been no records provided for review, documented prior issues with ambulation, limitations in home or community ambulation, nor has there been documentation of any objective evaluation demonstrating findings consistent impaired ambulation or indication of prior use of an assistive device for ambulation." In this case, there is no description of impaired ambulation and examination findings do not document functional deficits that would require a walker. The requested rollator IS NOT medically necessary.