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| Case Number: | CM14-0208889 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 12/20/2013 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 11/19/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, neck, and knee pain with derivative complaints of depression, anxiety, and memory loss reportedly associated with an industrial injury of December 20, 2013. In a Utilization Review Report dated November 19, 2014, the claims administrator failed to approve a request for a front-wheeled walker. Non-MTUS ODG guidelines were invoked. The claims administrator suggested that the applicant did not have any bona fide ambulatory or gait deficits. Progress notes dated September 18, 2014 and October 30, 2014 were referenced in its determination. On said October 30, 2014 progress note, the applicant reported 8-9/10 bilateral hand, left hip, neck, low back, knee, and shoulder pain. MRI imaging of the head, MRI imaging of the cervical spine, MRI imaging of the knee, and MRI imaging of the shoulder were endorsed. Home health services were sought to facilitate the applicant's performing activities of daily living such as cooking, cleaning, showering, bathing, grocery shopping, and traveling. A walker was endorsed to assist the applicant in ambulating. The applicant's gait was not clearly described in the clinic setting, however. Physical therapy was endorsed while the applicant was placed off of work, on total temporary disability. In another progress note dated September 18, 2014, the applicant again reported multifocal complaints of neck pain, low back pain, leg pain, knee pain, shoulder pain, wrist pain, hand pain, headaches, chest pain, anxiety, and depression. The applicant's gait, once again, was not clearly described or detailed. MRI studies along with a walker were endorsed to assist the applicant with ambulation. A neurology consultation was endorsed. Multiple medications were renewed. Home health services were endorsed to assist the applicant

perform activities of daily living such as cooking, cleaning, and grocery shopping. The applicant was again kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 folding-wheeled walker with seat and brakes: 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 and leg, walkers

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices are not recommended if an applicant's functional mobility deficits can be sufficiently resolved with the usage of a cane, walker, and/or manual wheelchair. Here, however, the applicant's functional mobility deficits and/or gait deficits (if any) were not clearly described and/or characterized on the provided progress notes, referenced above. The applicant's gait was not clearly described on office visits of September 18, 2014 and/or October 30, 2014. It was not clearly stated why the applicant needed a walker to move about. It was not clearly stated why the applicant could not ambulate without assistive devices at age 55. The MTUS Guideline in ACOEM Chapter 12, page 301 notes that every attempt should be made to maintain an applicant at maximum levels of activity, including work activities. Provision of the walker at issue would, however, minimize rather than maximize the applicant's overall level of activity. Therefore, the request is not medically necessary.