

<b>Case Number:</b>	CM14-0099961		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Rehab, 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:

The patient is a 47 year old female with the injury date of 05/04/10. Per physician's report 04/18/14, the patient has right shoulder pain at 6/10. The patient also has low back pain, radiating down her legs bilaterally at 10/10. The patient walks with a hypolordosis and a guarded gait. The patient could walk on her toes and heels. MRI of the lumbar 04/15/14 reveals 1) disc desiccation at L4-5 2) right-sided disc protrusion at L5-S1 3) annular tear on the right side at L4-5. The patient failed a long course of non-surgical treatment. The lists of diagnoses are:1) L4-5 and L5-S1 discogenic pain, causing mild stenosis2) S/P right shoulder arthroscopic subacromial decompression with Mumford procedure3) Left shoulder impingement syndrome with acromioclavicular joint pain4) Right greater than left knee strain with medial mechanical symptomatology5) Depression6) Chronic pain syndromeThe treater requested lumbar fusion at L4-5 and L5-S1. A front-wheeled walker was prescribed as a postoperative aid in ambulation. Per 05/23/14 progress report, the patient complains of persistent back and leg pain at 8-10/10. The patient complains of right shoulder pain at 7/10. The patient is not working. The patient is still waiting for the authorization of lumbar surgery. Per 06/04/14 progress report, the patient's lumbar surgery was denied. The patient presents with low back pain at 10/10. Examination shows sensory deficits involving the lower extremities. The utilization review determination being challenged is dated on 06/12/14. Treatment reports were provided from 01/03/14 to 06/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Front wheeled walker:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

**Decision rationale:** The patient presents with pain and weakness in her right shoulder, lower back and lower extremities bilaterally. The request is for FRONT WHEELED WALKER. Walker is discussed in the context of power mobility devices on page 99 MTUS and state, "if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." In this case, the treater requested a walker as a post-operative aid. However, the requested lumbar fusion surgery was denied and the post-operative DME would not be needed. The request IS NOT medically necessary.