

Case Number:	CM15-0004474		
Date Assigned:	01/15/2015	Date of Injury:	08/17/2012
Decision Date:	03/13/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/08/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 59 year old female sustained an industrial injury on 8/17/12. She was diagnosed with disc bulge, lumbar spine, multilevel with right sided radiculopathy. The injured worker subsequently reports chronic low back and left lower extremity pain. An MRI dated 9/24/14 revealed lumbar spine abnormalities. An MRI of the left knee dated 10/10/14 was negative as was an MRI of the left ankle dated 10/15/14. She has undergone physical therapy and was prescribed Nucynta medication and a cane. The UR decision dated 12/19/14 non-certified durable medical equipment. The durable medical equipment was not certified based on the lack of clear indications in the CA MTUS, ODG and ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker with a seat: 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), Knee & leg chapter, Walking aids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation walker with seat

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on walkers, they are medically indicated in patient with knee pain associated with osteoarthritis. Per the progress reports, the patient has lumbar disc disease and lower extremity pain. The patient does use a cane to assist in ambulation. The patient however does not have any knee pathology that would require a walker with a seat. Therefore the request is not medically warranted and is not certified.