

Case Number:	CM15-0005192		
Date Assigned:	01/16/2015	Date of Injury:	11/27/1996
Decision Date:	04/10/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 57-year-old female who sustained a work related injury November 27, 1996. While walking back to her classroom, she stepped on a seedpod pulling her right leg and falling onto the left knee. She injured her left elbow and right foot, secondary bilateral hip. She underwent treatment with epidural injection, cortisone injection, physical therapy, pain management and a spinal stimulator. Past history included s/p left carpal tunnel release; s/p L3-4 and L4-5 decompression November 2009; s/p spinal cord stimulator June 2012, left total knee arthroscopy, failed and s/p removal of spinal cord stimulator June 2014. According to a request for authorization dated December 9, 2014, a request was made for L5-S1 Anterior Lumbar Interbody Fusion with cage and instrumentation, posterior spinal instrumentation and fusion, left L5-S1 laminotomy and facetectomy. Part of the notation included a post-operative request for a Front Wheel Walker. According to a primary treating orthopedic physician's report, dated December 9, 2014, finds the injured worker with worsened symptoms of low back pain and left leg pain with numbness through the shin and calf and into the foot. The treating physician evaluates the MRI(magnetic resonance imaging) performed October 7, 2014, as demonstrating Grade II spondylolisthesis at L5-S1 with severe disc height loss; severe left foraminal stenosis L5-S1(report present in medical record). She has been treated with epidural steroid injections and an intrathecal drug pump with refills. Work status is permanent and stationary. According to utilization review, dated December 19, 2014, the request for a Front Wheel Walker post-operative is non-certified.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web Version, Knee & Leg Section.

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 lower back and lower extremities. The patient is s/p removal of spinal cord stimulator in June 2014. The request is for front-wheel 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 surgery was denied and there is no scheduled surgery. The post-operative DME would not be needed. The request IS NOT medically necessary.