

<b>Case Number:</b>	CM15-0102960		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	12/18/2006
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Texas, New York, 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 58-year-old who has filed a claim for chronic low back pain (LBP) and alleged quadriplegia reportedly associated with an industrial injury of December 18, 2006. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve request for an over-the-door pulley and a four-wheeled walker with hand brakes. A progress note of May 11, 2015 and associated RFA form of May 12, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On said May 11, 2015 progress note, the applicant reported ongoing complaints of low back pain. The note was very difficult to follow, not entirely legible, and had been blurred as a result of repetitive photocopying and faxing. The applicant reported some weakness about the shoulder. A new walker was sought on the grounds that the applicant had apparently fallen some six weeks prior. The applicant exhibited a visibly guarded gait requiring usage of a cane. The applicant apparently had a healed surgical scar, it was noted. Lyrica, Klonopin, Zanaflex, urodynamic testing, a replacement walker, and an over-the-door pulley were endorsed while the applicant was kept off of work. It appeared (but not clearly stated) the applicant was intent on employing the pulley system in question for shoulder exercise on the grounds that the applicant's shoulder had grown progressively weaker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Over The Door Pulley: Overturned**

**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 and Leg.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Shoulder Disorders, Physical therapy.

**Decision rationale:** Yes, the request for an over-the-door pulley was medically necessary, medically appropriate, and indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, home exercise can include exercise with and without mechanical assistance and functional activities with assistive device. ODG's Shoulder Chapter Physical Therapy topic further notes that usage of a home pulley system for stretching and strengthening exercise should be "recommended." Here, the attending provider did suggest that the applicant's upper extremity function had progressively deteriorated over time, noting on May 11, 2015 that the applicant's shoulders had gone progressively weaker. The attending provider suggested usage of the pulley system to facilitate the applicant's strengthening and/or stretching his shoulder and upper extremities. Such usage was compatible with the usage of assistive devices set forth both on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and in ODG's Shoulder Chapter Physical Therapy topic. Therefore, the request was medically necessary.

### **Four Wheel Walker with Hand Brakes: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

**Decision rationale:** Similarly, the request for a four-wheeled walker with hand brakes was not medically necessary, medically appropriate, and indicated here. 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 through usage of a cane, walker, and/or manual wheelchair. Here, the attending provider did suggest on May 11, 2015 that the applicant was able to move about, with some difficulty, albeit with the aid of a cane and walker. The attending provider noted that the applicant's previously provided walker, however, had broken. Provision of a replacement walker with associated hand brakes was, thus, indicated. Therefore, the request was medically necessary.

