

Case Number:	CM15-0105340		
Date Assigned:	07/27/2015	Date of Injury:	06/22/2010
Decision Date:	09/09/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/01/2015

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, Hawaii

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 61 year old female, who sustained an industrial injury on 6-22-10 Initial complaints were not reviewed. The injured worker was diagnosed as having fibromyalgia, lumbar spinal stenosis, cervical spondylosis, obesity; diabetes mellitus; depressive disorder; chronic renal insufficiency (stage III). Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine; MRI cervical spine. Currently, the PR-2 notes dated 3-10-15 indicated the injured worker returns to this office and has been participating in an outpatient detox. She reports she continues with severe pain and function limitation. The provider has requested an updated MRI of the lumbar spine in light of worsening back pain, gait problems, and weakness. He reports she is known to have severe stenosis from MRI scans dating back to 2011. In addition, he notes, he has requested aquatic therapy to help her pain and assist with detox but this was denied. The pool therapy he notes was expected to be her most effective form of therapy in light of her obesity and fibromyalgia complicating her spinal stenosis. He also notes denials for her medication including Tramadol and Voltaren gel. On physical examination he documents she is in severe discomfort with depressed mood, psychomotor slowing, and gait is unstable and restricted with severe diffuse lumbar spine tenderness. She has referred back pain with straight leg raise bilaterally with left Lasegue's. He gait is unstable with positive Romberg. Her reviewed her MIR form 8-2009 and 8-17-2011 and a Cervical MRI from July 2010. The provider documents the injured worker continues to do poorly with severe chronic pain and findings of progressive lumbar spinal stenosis. She has been compliant with detox and continues in severe pain. He recommends she be evaluated for

admission to the IRestore Functional Restoration Program. He will repeat his request for pool therapy and updated lumbar MRI and Thermacare heat pad for pain and palliative purpose and a walker for her unable gait. The provider is requesting authorization of Walker with Seat QTY: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker with Seat QTY: 1: 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 & Leg (Acute & Chronic): Walking aids (canes, crutches, braces, orthoses & walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Walking Aids (canes, crutches, braces, orthoses, and walker).

Decision rationale: According to the 3/10/15 attending physician report, the patient has worsening back pain, gait problems and weakness. The current request is for Walker with seat QTY: 1. The attending physician requests a walker with seat with findings of unstable gait. The CA MTUS is silent on Walkers. According to the ODG, walking aids are recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. Contralateral cane placement is the most efficacious for persons with knee osteoarthritis. In fact, no cane use may be preferable to ipsilateral cane usage as the latter resulted in the highest knee moments of force, a situation which may exacerbate pain and deformity. While recommended for therapeutic use, braces are not necessarily recommended for prevention of injury. Bracing after anterior cruciate ligament reconstruction is expensive and is not proven to prevent injuries or influence outcomes. Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. In this case, the treating physician unstable and restricted gait, positive romberg and psychomotor slowing secondary to increasing back pain with a diagnosis of stenosis. It is reasonable to protect the patient from future injury and the available records support medical necessity for the use of a walker with seat. The request is medically necessary.