

Case Number:	CM15-0165784		
Date Assigned:	09/03/2015	Date of Injury:	02/19/1998
Decision Date:	10/07/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/24/2015

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 62 year old male, who sustained an industrial injury on February 19, 1998. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbosacral neuritis. Treatment and diagnostic studies to date has included status post epidural, use of a walker, and medication regimen. In a progress note dated July 30, 2015 the treating physician reports complaints of persistent back and leg pain with significant relief from prior epidural. Examination reveals was unrevealing for acute processes. The treating physician requested a Rollator walker with wheels, brakes, and seat replacement noting that the injured worker is using a walker that is deteriorating causing the physician to be with concerned for instability with the current walker that may lead to a fall.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rollator walker 4 wheels with brakes and seat replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue cross of California Medical Policy Durable Medical Equipment CG-DME-10.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, under walking aids.

Decision rationale: Based on the 7/30/15 progress report provided by the treating physician, this patient presents with persistent back and leg pain, The treater has asked for ROLLATOR WALKER 4 WHEELS WITH BRAKES AND SEAT REPLACEMENT on 7/30/15. The patient's diagnosis per request for authorization dated 8/7/15 is lumbosacral neuritis. The patient is s/p previous epidural of unspecified date and unspecified level with excellent relief but is still not ready for another injection per 7/30/15 report. The patient has good reflexes and good motor exam upon physical exam dated 7/30/15. The patient is taking Neurontin as of 5/29/15 and 7/30/15 reports. The patient does not have any work restrictions but work status is not included in provided reports dated 3/3/15 to 7/30/15. The ACOEM and MTUS Guidelines do not discuss wheeled walkers.ODG Guidelines, knee chapter, under walking aids: Recommended as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairment seemed to determine the need for a walking aid. Non-use is associated with less need, negative outcome, and negative evaluation of the walking aid. The treater requested a front wheeled walker as “his walker is falling apart. He needs a new one. His handle is just hanging. This will create instability and possible fall. I would like him to get a new walker with seat brakes and large wheels per 7/30/15 report.” This treater is requesting a wheeled walker with brakes and a seat replacement; however, examination findings are not significant and the patient's heel-toe gait is good. Strength is intact per 3/3/15 report. In addition, there is no indication of issues with ambulation to require such device. The medical necessity has not been established; therefore, the request IS NOT medically necessary.