MAXIMUS Federal Services

Case Number:	CM15-0167701		
Date Assigned:	09/08/2015	Date of Injury:	06/08/2009
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/26/2015

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: Emergency 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 injured worker is a 67 year old male, who sustained an industrial injury on 6-8-09. The diagnoses have included status post fall due to left lower extremity (LLE) weakness and status post right shoulder contusion, strain and possible internal derangement with history of 2 prior surgeries 1993 and 1995, lumbar strain and sprain with bilateral lower extremity radiculitis, lumbar disc bulge, lumbar stenosis, and left sacroiliac joint sprain. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, urine drug screen, and other modalities. Currently, as per the physician progress note dated 7-24-15, the injured worker complains of low back pain that radiates to the LLE with pain and numbness and tingling. It is noted that at this time it is difficult for him to walk due to pain. He reports joint pain, muscle spasm, sore muscles, numbness, headaches, stress and Parkinson's disease. The objective findings-physical exam of the lumbar spine reveals tenderness to palpation with spasm over the paravertebral muscles and lumbosacral junction. There is tenderness to palpation over the sacroiliac joint and notch. The straight leg raise test is positive eliciting radicular symptoms to the left knee. There is painful range of motion of the lumbar spine. There is decreased sensation along the left L5 and S1. The injured worker ambulates with a limp favoring to the left lower extremity (LLE). He uses a cane one hundred percent of the time. The physician notes that the walker would assist in further reducing weight to the left lower extremity (LLE) during flare-ups. The physician requested treatment included a walker as the injured worker has difficulty walking and weight bearing to the left lower extremity (LLE) during flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 walker: 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, braces, orthoses & walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, walking aids (canes, crutches, braces, orthoses and walkers).

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines canes may be recommended in knee and back pains mostly in osteoarthritic pains. Patient has noted painful gait and uses a cane. Due to prior shoulder pathology, use of bilateral crutches is not recommended. There is some documentation of worsening gait and risk of fall. Request for walker is medically necessary.