

Case Number:	CM15-0169575		
Date Assigned:	09/10/2015	Date of Injury:	07/18/2013
Decision Date:	10/08/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/28/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old, male who sustained a work related injury on 7-18-13. The diagnoses have included chronic persistent axial lower back pain, lumbar spondylosis and slight retrolisthesis at L4-5 with moderate L4 foraminal stenosis. He is currently being treated for lower back pain. Treatments in the past include oral medications, topical medicated cream, epidural steroid injections x 2, 64 physical therapy sessions, 17 acupuncture sessions and 6 chiropractic treatments. Current treatments are medications and topical cream. Medications he is currently taking are Vicodin, Naproxen, Omeprazole, Flexeril and Terazosin. In the progress report dated 7-9-15, the injured worker reports low back pain. He has pain that radiates down the left leg down to the calf with associated numbness and tingling. Previous lumbar injections, recent physical therapy and medications have not given him significant pain relief. Upon physical exam, he has moderate pain on palpation of lower lumbar spine in both facet joint regions. There is no documentation of current working status. The treatment plan includes a request for lumbar spine surgery. The Request for Authorization, dated 8-13-15, requests home health RN, home health physical therapy and a front wheeled walker. The Utilization Review, dated 8-19-15, he just had lumbar surgery on 8-25-15 and he still remains in the hospital. He will not require the purchase of a front wheeled walker at this time. The request is modified to a 1 month rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Front wheeled walker purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg. Online version Walking aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Walking aids (canes, crutches, braces, orthoses, & walkers).

<http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Walkingaids>.

Decision rationale: According to ODG guidelines, wheeled walker is preferred for patients with bilateral disease. The patient underwent surgery on August 15, 2015. It is not clear as to why the patient needs to purchase a front wheeled walker instead of a rental. Therefore, the request for front wheeled walker is not medically necessary.