

Case Number:	CM15-0183439		
Date Assigned:	09/24/2015	Date of Injury:	02/13/2015
Decision Date:	10/29/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/17/2015

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 29 year old female, who sustained an industrial injury on 2-13-2015. Medical records indicate the worker is undergoing treatment for lumbosacral neuritis, rule out radiculopathy and rule out herniated disc. A recent progress report dated 8-20-2015, reported the injured worker complained of 8-20-2015. Physical examination revealed low back pain radiating to the bilateral lower extremities, rated 8 out of 10. Lumbar magnetic resonance imaging from 8-25-2015 showed mild left and moderate right lateral recess stenosis at lumbar 5-sacral 1 and mild right lumbar 5 foraminal narrowing due to a lateralizing disc protrusion. Treatment to date has included lumbar laminectomy on 4-23-2015, physical therapy and medication management. On 8-31-2015, the Request for Authorization requested Purchase of Wheeled walker with basket and seat and a shower chair. On 9-8-2015, the Utilization Review noncertified the request for the Purchase of Wheeled walker with basket and seat and a shower chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Wheeled walker with basket and seat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot.

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

Decision rationale: The requested Purchase of Wheeled walker with basket and seat, is not medically necessary. CA MTUS is silent, ODG: Knee, Walking aids (canes, crutches, braces, orthoses, & walkers) note "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. (Van der Esch, 2003) There is evidence that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone, a laterally wedged insole (orthosis) decreases NSAID intake compared with a neutral insole, patient compliance is better in the laterally wedged insole compared with a neutral insole, and a strapped insole has more adverse effects than a lateral wedge insole. (Brouwer-Cochrane, 2005) 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. (Chan, 2005) While recommended for therapeutic use, braces are not necessarily recommended for prevention of injury. (Yang, 2005) Bracing after anterior cruciate ligament reconstruction is expensive and is not proven to prevent injuries or influence outcomes. (McDevitt, 2004) Recommended, as indicated below. Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. (Zhang, 2008) While foot orthoses are superior to flat inserts for patellofemoral pain, they are similar to physical therapy and do not improve outcomes when added to physical therapy in the short-term management of patellofemoral pain. (Collins, 2008)" The injured worker has low back pain radiating to the bilateral lower extremities, rated 8 out of 10. Lumbar magnetic resonance imaging from 8-25-2015 showed mild left and moderate right lateral recess stenosis at lumbar 5-sacral 1 and mild right lumbar 5 foraminal narrowing due to a lateralizing disc protrusion. Treatment to date has included lumbar laminectomy on 4-23-2015, physical therapy and medication management. The treating physician has not documented the medical necessity for this aide. The criteria noted above not having been met, Purchase of Wheeled walker with basket and seat is not medically necessary.

Shower chair: 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 & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Low Back, Durable medical equipment.

Decision rationale: The requested Shower chair, is not medically necessary. CA MTUS is silent, ODG: Knee, Low Back, Durable medical equipment, is recommended with documented medical need. The injured worker has low back pain radiating to the bilateral lower extremities, rated 8 out of 10. Lumbar magnetic resonance imaging from 8-25-2015 showed mild left and moderate right lateral recess stenosis at lumbar 5-sacral 1 and mild right lumbar 5 foraminal narrowing due to a lateralizing disc protrusion. Treatment to date has included lumbar laminectomy on 4-23-2015, physical therapy and medication management. The treating physician has not documented the medical necessity for this aide. The criteria noted above not having been met, Shower chair is not medically necessary.