

Case Number:	CM15-0184529		
Date Assigned:	09/25/2015	Date of Injury:	08/27/2011
Decision Date:	11/02/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/19/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old male with a date of injury on 8-27-2011. A review of the medical records indicates that the injured worker is undergoing treatment for backache, lumbar radiculopathy and knee pain. According to the progress report dated 8-28-2015, the injured worker complained of lower backache and left knee pain. He rated his pain as eight out of ten with medications and ten out of ten without medications. The physical exam (8-28-2015) revealed a left sided, push off antalgic gait. His gait was slow, stooped and assisted by cane. Lumbar range of motion was restricted. There was tenderness to palpation along with hypertonicity, spasm, tight muscle bands and trigger points of the lumbar paravertebral muscles. There was tenderness to palpation over the left knee. Light touch sensation was decreased over the medial foot on the left side. Treatment has included magnetic resonance imaging (MRI), x-rays, left knee steroid injection and medications. Current medications (8-28-2015) included Cymbalta, Hysingla, Norco, Meloxicam and Tylenol. The original Utilization Review (UR) (9-10-2015) denied a request for a rollator walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rollator 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: Knee & Leg - Walking aids; Aetna's Clinical Policy Bulletin, number 0505 - Ambulatory Assist Devices, 2005.

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 and pg 70.

Decision rationale: In this case, the claimant had knee and back pain with difficulty walking. There was stooper and asymmetric gait. The use of a walker is recommended by the guidelines in those with arthritis. The claimant does have degenerative disease in the spine and left knee. The request for a rollator walker is medically appropriate.