MAXIMUS Federal Services

Case Number:	CM15-0193478		
Date Assigned:	10/09/2015	Date of Injury:	09/16/2013
Decision Date:	11/24/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/01/2015

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: Texas, 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:

The injured worker is a 22 year old female with an industrial injury date of 09-16-2013. Medical record review indicates she is being treated for left foot contusion with chronic regional pain syndrome, cervical spine sprain-strain from constant use of a walker, lumbar spine sprain-strain from constant limping, multiple other body part injuries including hand and wrist sprain, tenosynovitis, impingement of the shoulders and bursitis of the hips from constant limping as well as gripping and grasping on the walker and significant psyche injury. The progress note (08- 17-2015) noted the injured worker presented for the visit using a walker and "has developed pain in wrists, elbow, shoulders and hips from her ambulation and gripping and grasping on the walker. Work status is documented as temporary total disability. Prior treatments included medications. Physical examination (08-17-2015) noted the injured worker continued to wear a cam boot. " She continues to have hypersensitivity and pain about the foot. "She is limping." "She has hip pain, shoulder pain as well as wrist pain from gripping and grasping." The provider documented a request for a 3 in 1 walker with a seat "so that she can rest." The patient sustained the injury due to a fall. The medication list include Lunesta, Amitriptyline and Neurontin.The patient had received an unspecified number of aquatic therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

3-1 Walker with a 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 (ODG).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 07/10/15) Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: 3-1 Walker with a seat. Evidence of recent surgery of the was not specified in the records provided. The patient had received an unspecified number of aquatic therapy visits for this injury. The detailed response to this conservative therapy was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided. An evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. A detailed neurological exam documenting neurological deficits that would affect the ability to ambulate was not specified in the records provided. A detailed valid rationale for the request of a walker with a seat is not specified in the records provided. The request for 3-1 Walker with a seat is not medically necessary for this patient.