MAXIMUS Federal Services

Case Number:	CM15-0202467		
Date Assigned:	10/19/2015	Date of Injury:	05/03/2000
Decision Date:	12/02/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/14/2015

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: Preventive Medicine, Occupational 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 53 year old male, who sustained an industrial injury on 5-3-2000. The injured worker was being treated for two weeks status post lumbar spine decompression. On 9-25-2015, the injured worker underwent a L4-S1 (lumbar 4-sacral 1) laminectomy and discectomy. On 9-26-2015, the treating physician noted the injured worker was doing well and ambulating with physical therapy. The injured worker was discharged to home from the hospital. On 10-7-2015, the injured worker reported he was doing well with significant improvement resulting from surgery. The physical exam (10-7-2015) reveals a clean, dry, and well-healed incision. There is intact motor and sensory function in the bilateral lower extremities. Per the treating physician (10-7-2015 report), x-rays of the revealed postsurgical changes and x-rays of the hip and pelvis are normal. Other surgeries to date have included intradiscal electrothermal annuloplasty (IDET) at L4-S1. Treatment has included pain medication. The requested treatments included a front wheeled walker. On 10-14-2015, the original utilization review non- certified a request for a front wheeled walker.

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 (ODG), Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter/Walking Aids Section.

Decision rationale: The MTUS Guidelines do not address the use of walkers. The ODG does recommend the use of walkers to reduce pain associated with osteoarthritis. It is not evident that the injured worker has pain from walking that may benefit from the use of a walker. In this case, the injured worker is status-post L4-S1 (lumbar 4-sacral 1) laminectomy and discectomy (09-25-2015). He was discharged doing well and ambulating. On 10-7-2015, the injured worker reported he was doing well with significant improvement resulting from surgery. There is no evidence of a difficulty with ambulation and there is no rationale included for this request, therefore, the request for front wheeled walker-purchase is not medically necessary.