

Case Number:	CM15-0204259		
Date Assigned:	10/21/2015	Date of Injury:	12/20/2013
Decision Date:	12/08/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, New York, 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 applicant is a represented 57-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 20, 2013. In a Utilization Review report dated October 1, 2015, the claims administrator approved a handicapped placard while denying a chair walker. The claims administrator referenced an RFA form received on September 24, 2015 and an associated office visit of September 3, 2015 in its determination. On August 6, 2015, the applicant reported ongoing complaints of neck pain, headaches, depression, and eye pain, the applicant was not working, it was acknowledged. The applicant was on a variety of medications including Naprosyn, tramadol, Flexeril, Norco, metformin, topical compounds, and dietary supplements, it was reported. Well preserved, 5/5 lower extremity motor function was noted. The applicant exhibited normal muscle tone and bulk about the lower extremities, the treating provider reported. The applicant exhibited somewhat depressed affect, it was acknowledged. On an RFA form dated June 23, 2015, chair walker with associated seat was sought. The applicant's gait was not clearly described or characterized on this date. On April 30, 2015, the applicant's gait, once again, was not clearly described or characterized. On a handwritten note dated June 11, 2015, difficult to follow, not entirely legible, a lumbar epidural steroid injection, cervical epidural steroid injection, neurology consultation, Home Health care, and a folding walker with chair were endorsed. Once again, the applicant's gait was not clearly described or characterized.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Chair Walker: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Knee Complaints 2004, Section(s): General Approach. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter (Acute & Chronic), Walking Aids and on the Non-MTUS http://www.aetna.com/members/fsa/eligibleExpenses/healthcareFSA/healthexpenses_H.html.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Activity, and Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs).

Decision rationale: No, the request for a chair walker with seat was not medically necessary, medically appropriate, or indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices are not recommended if an applicant's functional mobility deficits can be sufficiently resolved through usage of a cane, walker, and/or manual wheelchair. Here, however, the extent of the applicant's functional mobility deficits (if any) was not clearly described or characterized on multiple office visits, referenced above. The applicant's gait was not clearly described or characterized on multiple dates of service, including on a June 11, 2015 office visit on which the article in question was ordered. It was not clearly established that a walker was needed here, particularly in light of the fact that the MTUS Guideline in ACOEM Chapter 12, page 301 notes that every attempt should be made to maintain an applicant at maximum levels of activity. Here, thus, provision of a chair walker without documentation of a specific functional mobility or gait deficit ran counter to the philosophy espoused in the MTUS Guideline in ACOEM Chapter 12, page 301 as it would ultimately have resulted in minimizing the applicant's overall levels of activity. Therefore, the request was not medically necessary.