

Case Number:	CM15-0204272		
Date Assigned:	10/21/2015	Date of Injury:	11/28/2009
Decision Date:	12/09/2015	UR Denial Date:	09/26/2015
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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 20, 2009. In a Utilization Review report dated September 26, 2015, the claims administrator failed to approve a request for a walker. The claims administrator referenced a September 16, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 16, 2015 office visit, the applicant reported ongoing complaints of low back pain. The applicant had a visibly antalgic gait. 6-7/10 pain complaints were reported. The applicant was off of work, the treating provider acknowledged. The applicant had earlier lumbar spine surgery and had issues with hip arthritis, it was reported. The attending provider stated that a previously provided walker was too heavy making it difficult for the applicant to move about with the same. A lightweight walker was sought. Gabapentin, Voltaren, and permanent work restrictions were renewed. It was acknowledged the applicant was not working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lightweight walker, purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis - Walking aids (canes, crutches, braces, orthosis & walkers).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs). Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hip and Groin Disorders, page 158.

Decision rationale: Yes, the request for a lightweight walker was medically necessary, medically appropriate, and indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, mobility devices are not recommended if an applicant's functional improvement deficit can be sufficiently resolved through usage of a cane, a walker, or manual wheelchair. Here, the applicant was described on September 16, 2015 visit as having visibly antalgic gait. The applicant reported difficulty ambulating secondary to chronic low back status post failed lumbar spine surgery, chronic hip pain secondary to hip arthritis. The applicant had reportedly had trouble propelling a previously provided walker on the grounds that it was too heavy. The Third Edition ACOEM Guidelines likewise notes that ambulatory devices such as a walker at issue are recommended for moderate-to-severe groin pain when said device usage advances the applicant's activity level. Here, the attending provider contended that the light weight walker at issue was needed to advance the applicant's activity level and facilitate the applicant's moving about on day-to-day basis despite ongoing issues and deficits associated with chronic low back pain and chronic hip pain secondary to hip arthritis. Therefore, the request is medically necessary.