

Case Number:	CM15-0020110		
Date Assigned:	02/10/2015	Date of Injury:	09/30/2012
Decision Date:	03/25/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/03/2015

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: North Carolina
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 43-year-old male reported a work-related injury on 9/30/2012. According to the progress notes from the treating provider dated 1/12/2015, the diagnoses are cervical strain, herniated disc, radicular complaints, lumbar strain with herniated disc, bilateral shoulder impingement, status post left rotator cuff surgery, depression, headaches and sleeping difficulty. He reports "orthopedic problems" with his neck and back, stiffness in the shoulders and numbness in the arms. Previous treatments include medications, epidural steroid injections, surgery and physical therapy. The treating provider requests four-wheeled walker with seat. The Utilization Review on 1/22/2015 non-certified four-wheeled walker with seat, citing CA MTUS Chronic Pain Medical Treatment guidelines and ODG-TWC recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four-Wheeled Walker with Seat: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Knee and Leg Procedures

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation walker

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on walkers, they are medically indicated in patients with knee pain associated with osteoarthritis. There is no evidence of primary knee issue or hip issues, which would require a walker per ODG guidelines. There I no evidence on physical exam of significant goat disorder or imbalance. Therefore the request is not certified.