

Case Number:	CM15-0026568		
Date Assigned:	02/18/2015	Date of Injury:	10/04/1996
Decision Date:	04/07/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/11/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 female patient, who sustained an industrial injury on 10/04/1996. A primary treating office visit dated 12/15/2014 reported the patient continuing to do well on her pain medication regimen; it brings the intensity of her pain down from a 7 to a 3 out of 10. She has subjective complaint of ongoing low back pain along with radicular symptoms into her right lower extremity. There is note of the patient having received a walker from workers compensation, but it was the wrong kind; didn't have four wheels. She was able to obtain a broken one from a yard sale and would really like to replace with the proper type. The patient is prescribed the following medications; Fentanyl patch 25MCG, Zanaflex 4MG, Baclofen 10MG, Lexapro 10MG and Trazadone 100mg. Objective findings showed the patient continued with significant tenderness in the paraspinal muscles of the lumbar spine. She is with an antalgic gait, walking slowly with walker. She is found with a positive straight leg raise on the right with radicular symptoms into the right buttock and posterior thigh. She is diagnosed with chronic low back pain; chronic bilateral knee pain, bilateral carpal tunnel syndrome, chronic right knee pain (not covered by claim) and with a history of reflex sympathetic dystrophy of the lower extremities. She is deemed on future medical benefits and currently is not able to work. A request was made to purchase a rollator walker with seat, treating the low back. On 01/09/2015, Utilization Review, non certified the request, noting the ODG, Ankle & Foot Acute/Chronic was cited. The injured worker submitted an application on 02/11/2015 for an independent medical review of service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase for Rollator Walker with seat as an outpatient for low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot (Acute & Chronic) updated 12/22/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Durable medical equipment (DME <http://www.odg-twc.com/index.html>).

Decision rationale: According to ODG guideline Durable medical equipment "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature."The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005)There is no documentation of the goals from using a DME. There is no documentation for the need for a rollator walker. The patient was diagnosed low back pain. It is not clear how a rollator walker will help the patient. The patient physical examination showed no focal signs and there is no reason why simple ambulation cannot be accomplished. Therefore, the request for is not medically necessary.