

Case Number:	CM15-0029560		
Date Assigned:	02/23/2015	Date of Injury:	09/23/2013
Decision Date:	04/08/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/18/2015

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: Physical Medicine & Rehabilitation

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 48 year old female, who sustained an industrial injury on 9/23/13. On 2/18/15, the injured worker submitted an application for IMR for review of Walker with Wheels and with a Seat. The treating provider has reported the injured worker complained of severe back pain with radiculopathy down left leg to foot medications and authorized for surgery: microlumbar decompression left L4-5 and L5-S1. The diagnoses have included gastropathy secondary to anti-inflammatory medication. Treatment to date has included Physical Therapy, epidural steroid injection (9/19/14), Cervical and Thoracic MRI (7/31/14), Lumbar Spine MRI (7/29/14), medications and authorized for surgery: microlumbar decompression left L4-5 and L5-S1. On 2/12/15 Utilization Review MODIFIED Walker with Wheels and with a Seat to a Walker with wheels without a seat. The ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker with Wheels and with a Seat: Overturned

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 Chapter, Wheeled Walker; and The Medicare Claims Processing Manual, Chapter 20, Durable Medical Equipment, Prosthetic and Orthotics, and Supplies; and Aetna Clinical Policy Bulletins

Number 0505, Ambulatory Assist Devices: Walkers, Canes, and Crutches, Reviewed: September 14, 2004; and ODG, Ankle Chapter, Rolling Knee Walker.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg chapter, walking aids (canes, crutches, braces, othoses, and walkers).

Decision rationale: The patient presents with neck pain and back pain radiating to lower extremities rated at 8/10. The request is for WALKER WITH WHEELS AND WITH A SEAT. The request for authorization is dated 01/08/15. MRI of cervical spine 07/31/14 shows DDD with retrolisthesis C3-4 and C6-7 with fusion/segmentation anomaly, canal stenosis includes C4-5 and C5-6 mild and C6-7 mild to moderate canal stenosis. MRI of thoracic spine 07/31/14 shows multilevel severe DDD with chronic anterior wedging of the T6, T7 and T8 vertebral bodies with maintenance of at least 80% of vertebral body height with S shaped thoracolumbar scoliosis. MRI of the lumbar spine 07/31/14 shows marked levoscoliosis lumbar spine with retrolisthesis L4-5 and Grade 1 anterolisthesis L5-S1 with paraspinous muscle atrophy and fatty infiltration noted, neural foraminal narrowing includes L4-5 moderate to severe bilateral and L5-S1 severe left neural foraminal narrowing. Patient has had a transforaminal epidural steroid injection. Patient continues a home exercise program and says she walks for about 15-30 minutes at a time. Patient has had 6 visits of physical therapy, 24 visits of chiropractic treatment and 6 visits of acupuncture. Patient's medications include Norco, Pamelor, Prilosec, Colace, Omeprazole, Prozac and Trazadone. Patient is not working. MTUS and ACOEM guidelines do not address this request; however, ODG guidelines on walking aids (canes, crutches, braces, othoses, and walkers) states that almost half of patients with knee pain possess a walking aid. Assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable with bilateral disease. Per progress report dated 01/08/15, treater's reason for the request is patient "says her ability to walk is severely limited due to her back and leg symptoms. She is requesting a walker with wheels and with a chair to allow her to take breaks when walking for prolonged periods of time." Per progress report dated 01/08/15, treater states, "She continues to await authorization for a microlumbar decompression on the left at L4-5, L5-S1." However, the request for surgery has not been authorized. Furthermore, per progress report dated 01/08/15, treater states, "She reports numbness down Left leg to foot." The patient does present with significant pain that inhibits community ambulation for which a walker with a seat can be helpful. Therefore, the request IS medically necessary.