

<b>Case Number:</b>	CM15-0210499		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	01/25/2001
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 53 year old female, who sustained an industrial injury on 1-25-01. The injured worker is diagnosed with chronic pain syndrome and grade 1 spondylolisthesis. Notes dated 7-16-15 and 9-22-15 reveals the injured worker presented with complaints of severe back pain associated with numbness and tingling in her legs bilaterally and rated at 8-9 out of 10. She reports difficulty standing and sitting for greater than 10 minutes and engaging in activities of daily living independently (relies on her spouse for assistance). Physical examinations dated 7-16-15 and 9-22-15 revealed difficulty standing independently. The lumbar spine examination reveals tenderness at the lower lumbar paravertebral musculature, decreased range of motion, myofascial trigger points bilaterally at L5. Treatment to date has included a physical therapy evaluation for aquatic therapy, which was not recommended due to the inability to safely engage in pool therapy; able to stand for less than 5 seconds, sit to stand-maximum assistance, poor standing balance and wheelchair dependent and medication. Diagnostic studies include lumbar spine x-rays, discography and lumbar MRI. A request for authorization dated 9-28-15 for rolling walker with seat and brakes is non-certified, per Utilization Review letter dated 10-5-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rolling walker with Seat and Brakes:** 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), Walking aids (canes, crutches, braces, orthoses and walkers).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Exercise Equipment and Other Medical Treatment Guidelines Medicare.gov, durable medical equipment.

**Decision rationale:** MTUS and ACOEM are silent regarding the medical necessity of a rolling walker. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature." Medicare details DME as: durable and can withstand repeated use; used for a medical reason; not usually useful to someone who isn't sick or injured; appropriate to be used in your home. While a walker is not classified as durable medical equipment and are not recommended per ODG, the request for a walker likely meets the criteria for durability and home use per Medicare classification. The treating physician documents the patient's fragility, fall risk, lack of ability perform these daily activities, and other components to justify this request. As such, the request for Rolling Walker with Seat and Brakes is medically necessary.