

Case Number:	CM15-0212149		
Date Assigned:	10/30/2015	Date of Injury:	01/12/2004
Decision Date:	12/18/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/27/2015

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 January 12, 2004. In a Utilization Review report dated October 22, 2015, the claims administrator failed to approve a request for a trial of a rolling walker. An office visit dated October 14, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated October 13, 2015, a rolling walker with seat, a psychological evaluation, transportation to and from office visits, and a knee brace were sought. On an associated office visit dated October 14, 2015, 9/10 low back pain complaints were reported. The applicant was using a walker to move about, the treating provider reported in the clinic. The treating provider ordered a rolling walker with an extension stop. A knee brace, TENS unit and Theracane massager were all seemingly endorsed as well. The applicant was given prescriptions for Zipsor. The treating provider stated (somewhat circuitously) that the current walker had not satisfactorily ameliorated the applicant's gait. The applicant was described as having carrying a diagnosis of failed back syndrome status post failed lumbar spine surgery. The treating provider stated that the applicant had had falls in the past. This was, however, neither elaborated nor expounded upon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rolling walker with seat, trial, Qty 1: 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) - Rolling knee walker, Walking aids.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Activity, and Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs). Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 631.

Decision rationale: No, the request for a rolling walker with seat was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that power mobility devices such as motorized scooters and the like are not recommended if an applicant's functional mobility deficits can be sufficiently remediated through usage of a cane, walker, and/or a manual wheelchair, here, however, the extent of the applicant's functional mobility and/or gait deficits was not clearly described or characterized on the October 14, 2015 office visit at issue. It was not stated why the applicant needed a walker to move about, at age 59. It was suggested that the applicant was using a walker owing to pain with walking. However, the MTUS Guideline in ACOEM Chapter 12 page 301 notes that every attempt should be made to maintain applicants at maximum levels of activity, including work activities. The Third Edition ACOEM Guidelines Knee Disorders Chapter also notes that walking aids such as a walker in question might be detrimental as they may discourage therapeutic activity. Some patients with knee pain might benefit from limited use of devices, particularly as an assistive aid while improved or full function is sought. These aids include crutches, walkers, canes, motorized scooters, heel wedges and insoles, and functional braces. However, aids might also be detrimental, as they may discourage therapeutic physical activity. Here, thus, the attending provider failed to furnish a clear or compelling rationale for provision of a walker in this 59-year-old applicant whose functional mobility and/or gait deficits were not clearly characterized on the October 14, 2015 office visit at issue. Provision of the walker in question, thus, would likely have served to minimize rather than maximize the applicant's overall level of activity and, was thus, at odds with page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, page 301 of the ACEOM Practice Guidelines, and with page 631 of the Third Edition ACOEM Guidelines Knee Disorders Chapter. Therefore, the request was not medically necessary.