

<b>Case Number:</b>	CM15-0221118		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	03/11/2005
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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 59 year old female, who sustained an industrial injury on 3-11-2005. The injured worker is being treated for status post right knee arthroscopy, status post L4-5-S1 laminectomy and status post right carpal tunnel release. Treatment to date has included surgical intervention (right knee arthroscopy, 2004, lumbar laminectomy, 2005 and right carpal tunnel release, 2006). Per the Primary Treating Physician's Progress Report dated 10-15-2015, the injured worker presented for orthopedic evaluation. She continues with self-treatment and remains symptomatic. Objective findings of the lumbar spine included a well healed, on-tender midline incision. There was tenderness to palpation in the upper, mid and lower paravertebral muscles. Right wrist examination revealed a well-healed non-tender carpal tunnel incision. There was no soft tissue swelling or tenderness to palpation. Right knee examination revealed a moderate effusion without signs of infection. There was no soft tissue swelling or instability. There was tenderness to palpation over the medial and lateral joint line and medial and lateral pain with McMurray's maneuver. There was mild patellofemoral irritability with satisfactory patella excursion and tracking. Range of motion was 110 degrees with crepitus. She walks with an antalgic gait. There is no documentation of specific current limitations to necessitate the need for a shower chair and riling walker. Work status was "qualified injured worker." The plan of care included rolling walker with seat to facilitate ambulation outside the home and a shower chair, as well as medications and follow-up care. Authorization was requested on 10-15-2015 for a shower chair and a rolling walker with seat. On 11-03-2015, Utilization Review non- certified the request for a shower chair and a rolling walker with seat.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Shower Chair to Facilitate Ambulation:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, under Durable Medical Equipment.

**Decision rationale:** The patient presents on 10/15/15 with unspecified lumbar spine, right wrist, and right knee pain. The patient's date of injury is 03/11/05. The request is for shower chair to facilitate ambulation. The RFA is dated 10/15/15. Physical examination dated 10/15/15 reveals a well healed midline lumbar incision, tenderness to palpation of the paravertebral musculature, a well healed carpal tunnel release incision on the right wrist, moderate right knee effusion and tenderness to palpation over the medial and lateral joint line with 110 degree right knee ROM. The provider also notes decreased sensation in the right L5 dermatomal distribution. The patient's current medication regimen is not provided. Patient's current work status is not provided. ODG Knee and Leg chapter, under Durable Medical Equipment (DME) States: "Generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). DME is an equipment that can withstand repeated use; primarily and customarily used to serve a medical purpose; generally not useful to a person in the absence of illness or injury; is appropriate for use in the patient's home." In this case, the provider is requesting a shower chair for this patient's utilization to prevent falls. There is no evidence in the documentation provided that this patient has received a shower chair or any other DME to date. Progress note dated 10/15/15 notes that the patient presents with an unsteady antalgic gait with a significant limp. ODG supports the issuance of DME for use in the home provided that it is used to serve a medical purpose and is not useful in the absence of illness or injury, a shower chair fits such criteria. Given this patient's documented gait instability, a shower chair to prevent falls is a prudent measure and is medically appropriate to avoid injury. Therefore, the request IS medically necessary.

### **Rolling Walker with 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, under Durable Medical Equipment.

**Decision rationale:** The patient presents on 10/15/15 with unspecified lumbar spine, right wrist, and right knee pain. The patient's date of injury is 03/11/05. The request is for rolling walker

with seat. The RFA is dated 10/15/15. Physical examination dated 10/15/15 reveals a well healed midline lumbar incision, tenderness to palpation of the paravertebral musculature, a well healed carpal tunnel release incision on the right wrist, moderate right knee effusion and tenderness to palpation over the medial and lateral joint line with 110 degree right knee ROM. The provider also notes decreased sensation in the right L5 dermatomal distribution. The patient's current medication regimen is not provided. Patient's current work status is not provided. ODG Knee and Leg chapter, under Durable Medical Equipment (DME) States: "Generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). DME is an equipment that can withstand repeated use; primarily and customarily used to serve a medical purpose; generally not useful to a person in the absence of illness or injury; is appropriate for use in the patient's home." In regard to the rolling walker (with seat) to assist with this patient's ambulation secondary to significant lumbar spine pain, gait instability, and right knee pain, the request is appropriate. Utilization non-certified this request on grounds that this patient's limitations do not clearly demonstrate the need for a walker. However, the provider does note an unstable antalgic gait with evidence of right knee joint effusion on physical examination. Given this patient's medical/surgical history, and documented gait instability, a walker could prevent deterioration secondary to non-use, improve this patient's functional status and overall outcome. Therefore, the request IS medically necessary.