

Case Number:	CM15-0040917		
Date Assigned:	03/11/2015	Date of Injury:	01/24/2003
Decision Date:	04/15/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/04/2015

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

Certification(s)/Specialty: Family Practice

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 65 year old female who sustained a work related injury on January 24, 2003, incurring multiple injuries. The injured worker had a left total knee replacement in 2005, and a revision of the knee twice for infection. She was also diagnosed with cervical spine degenerative disc disease, lumbar spine radiculopathy, and sciatica. Currently, the injured worker complained of left knee pain with difficulty walking. She routinely used a walker and complained of stiffness with difficulty sitting and standing. A recommendation for a seat with a lower walker was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME): seat with lower walker: Upheld

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 and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Leg and Knee section, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The MTUS does not address the use of walking aids such as walkers. The ODG, however, states that they are generally recommended based on the degree of disability, pain, and age-related impairments. Nonuse of these aids leads to less need, less negative outcome, and less negative evaluation of the walking aid. However, a walker may be considered for those with bilateral leg disease/disability, but not for unilateral leg disease/disability. In the case of this worker, she was provided a walker, but afterwards it was apparent that the walker was the wrong size. The provider and worker had not yet requested a trade out for a different size with the manufacturer or retail sales store where it was purchased before requesting through Workers' Compensation a new request for a right-sized seat with lower walker, essentially identical to the one previously approved. There was a report stating the previous reviewer having a conversation with the requesting provider suggesting they go directly to the retailer or manufacturer to make the replacement rather than make a request through Workers' Compensation and they agreed. This reviewer also agrees with the plan. Therefore, the current request for the seat with lower walker is medically unnecessary as the correct sized walker should be easily acquired without approval.