

Case Number:	CM15-0053648		
Date Assigned:	03/27/2015	Date of Injury:	03/08/2007
Decision Date:	05/11/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/20/2015

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 68 year old female who sustained an industrial injury on 3/8/07. The injured worker reported symptoms in the abdomen. The injured worker was diagnosed as having abdominal pain, constipation/diarrhea and umbilical hernia status post repair. Treatments to date have included Electromyography/Nerve Conduction Study, proton pump inhibitor, activity modification. Currently, the injured worker complains of abdominal pain, acid reflux, diarrhea and constipation. The plan of care was for a Rollator walker with seat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rollator 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-Knee and Leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines power mobility devices Page(s): 99. Decision based on Non-MTUS Citation Official disability guidelines knee & leg chapter, walking aids.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for ROLLATOR WALKER WITH SEAT. The treater provides two progress reports, which contain only abdominal pain and GI symptoms. Per 10/24/14 progress report, the patient returns to modified work. MRI of the right knee from 10/20/14 shows tricompartmental osteoarthritic changes, Baker's cyst and diffuse patchy abnormal signal intensity within the anterior horn of the lateral meniscus highly suspicious for a tear. The utilization review letter on 03/10/15 indicates that the patient walks with a walker. SLR test is positive bilaterally. Muscular strength is 4/5 to 5/5 in the left lower extremity. There is decreased sensation in bilateral lower extremities. Walker is discussed in the context of power mobility devices on page 99 MTUS and state, "if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." ODG Guideline provides a discussion regarding walking aids under its knee chapter. ODG states, "Recommended for patients with conditions causing impaired ambulation when there is a potential for ambulation with these devices." In this case, the treater does not specifically discuss the request but the patient has bilateral knee arthritic condition and currently using a walker for ambulation. ODG supports walking aid for impaired ambulation and if ambulation with the device can be achieved. The request IS medically necessary.