MAXIMUS Federal Services

Case Number:	CM15-0084194		
Date Assigned:	05/06/2015	Date of Injury:	06/27/2006
Decision Date:	06/04/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	05/01/2015

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: North Carolina, Georgia
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 62 year old male patient who sustained an industrial injury on 06/27/2006. A physical therapy note dated 11/20/2014 reported the patient being treated under the medical diagnosis of spine surgery L4-S1 fusion with core instability, generalized weakness and sciatica. The patient is deemed as homebound status. There is note of subjective complaint of pain rated a 6 out of 10 in intensity; as he did not take medications yet. The pain is noted increasing with activity, and relieved with the use of medication. The pain interferes with the patients' functional mobility. There was not of having leg weakness and poor body mechanics. The plan of care involved a skilled progression continuing with strengthening exercises, decreased pain, and improved body mechanics. The patient underwent radiographic study of lumbar spine on 12/16/2014. A recent primary treating visit dated 01/13/2015 reported the subjective complaints as unchanged. He is attending physical therapy sessions and using a walker. He is diagnosed with l5-S1 disc protrusions, post operative 11/04/2014. The patient is to remain temporary totally disabled for 2 months, continue with physical therapy and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seated 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 -Knee and Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip/pelvis - walking aids.

Decision rationale: CA MTUS is silent on walking aids, such as a cane. ODG section on Hip and pelvis states that walking aids are recommended when there is documentation of significant gait abnormality or pain. Frame walkers are indicated for bilateral disease or instability. In this case, there is no documentation of significant gait abnormality (gait is described as mildly antalgic). The request is not medically necessary.