

<b>Case Number:</b>	CM15-0230695		
<b>Date Assigned:</b>	12/04/2015	<b>Date of Injury:</b>	03/11/2015
<b>Decision Date:</b>	01/08/2016	<b>UR Denial Date:</b>	11/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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: Emergency 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:

This is a 52 year old male with a date of injury on 3-11-2015. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic vertebral pathological fracture and low back injury. According to the progress report dated 11-4-2015, the injured worker complained of mid to lower back pain. He was able to walk while wearing a TLSO. The physical exam (11-4-2015) revealed an antalgic gait. Muscle strength in the lumbar spine was 5+-5+. There was tenderness of the paraspinals of the lower thoracic spine to sacral region. Treatment has included vertebroplasty (5-2015) and medication. Current medications (11-4-2015) included Naproxen and Tylenol #3. The physician noted that the injured worker would need a front wheeled walker and perhaps a brace per message from a consulting doctor. The original Utilization Review (UR) (11-19-2015) denied a request for a front wheel walker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Front wheel walker:** 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), Knee and Leg Chapter, Walking aids.

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

**Decision rationale:** The requested front wheel walker is medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines (ODG) - Knee, Walking aids (canes, crutches, braces, orthoses, & walkers) note that these devices are recommended with evidence of significant knee osteoarthritis, knee joint instability of other demonstrated ambulatory dysfunction. The injured worker has back pain. He was able to walk while wearing a TLSO. The physical exam (11-4-2015) revealed an antalgic gait. Muscle strength in the lumbar spine was 5+-5+. There was tenderness of the paraspinals of the lower thoracic spine to sacral region. Treatment has included vertebroplasty (5-2015) and medication. Current medications (11-4-2015) included Naproxen and Tylenol #3. The physician noted that the injured worker would need a front wheeled walker and perhaps a brace per message from a consulting doctor. The treating physician has sufficiently documented gait abnormalities to establish the medical necessity for a walker. The criteria noted above having been met, a front wheel walker is medically necessary.