

<b>Case Number:</b>	CM14-0129705		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	09/08/2010
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 75 year old right-hand dominant male with a date of injury of September 8, 2010. The mechanism of injury was not indicated. He was deemed to be permanent and stationary on February 25, 2011. He was diagnosed with (a) lumbar radiculopathy and (b) lumbosacral spondylosis with myelopathy. In a progress report dated July 9, 2014 it was indicated that he complained of severe pain in the low back and right leg for the past three weeks and that he could not walk which started a week ago. He further complained that his low back pain was constant and radiated into his right buttock to the posterior and then to the ankle with associated numbness. It was also indicated that he was able to walk farther than he was able to reach 400-500 feet already and then he experienced right leg and right ankle pain as well as weakness. It was stated that he has undergone six sessions of acupuncture treatment which has helped his right sciatica and right buttock. His medications included Tylenol, Robaxin, Motrin and Salonpas patches. A physical examination revealed that the injured worker ambulated with an antalgic gait and with the aid of a cane. He also utilizes a right ankle brace and back brace. An examination of the lumbar spine revealed tenderness over the right paralumbar musculature and limited range of motion in all planes due to pain. Request for purchase of front-wheeled worker was still pending. This is a review of the requested purchase of a front-wheeled walker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Front wheel walker (14 wheeled walker with seat FC) for purchase: 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, Walking Aid Section.

**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, Walking aids (canes, crutches, braces, orthoses, & walkers)

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) Guidelines were silent with regard to the use of walking aids in conditions such as this. In referencing the Official Disability Guidelines (ODG), it was stated that assistive device for ambulation can reduce pain associated with osteoarthritis and that frames and wheeled walkers are preferable for injured workers with bilateral disease. In this injured worker's case there is nothing in the documents submitted for review that indicated that he was suffering or was diagnosed to have osteoarthritis specifically of the knee to warrant the need for a purchase of a front-wheeled walker. Additionally, it was documented in the medical records that he was already utilizing a lumbar brace for his low back complaints and that he uses an ankle brace and a cane to aid in his ambulation which have been able as he was able to walk farther than the time he was not utilizing such durable medical equipments. Furthermore despite the subjective complaints of inability to ambulate for a week, objective finding only showed tenderness and limited range of motion in the lumbar spine and there were no significant findings in his knees or legs. There was also normal sensation and motor strength and negative orthopedic test. With all this information, it can be concluded that the medical necessity of the request to purchase a front-wheeled walker is not established.