



Case Number:	CM14-0135806		
Date Assigned:	08/29/2014	Date of Injury:	08/19/1998
Decision Date:	09/30/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/22/2014

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 claimant was injured on multiple dates including 1997 through 1999, 05/17/00, and 08/19/98. A walker with a seat has been requested. She has chronic neck, bilateral shoulder, elbow, and wrist, and low back pain. Her neck and back pain radiates to all of her extremities. She has chronic lumbar radiculopathy. Her pain is worsening and she reports falling frequently (2-3 times per week) and also has problems with balance, lightheadedness, dizziness, stress, anxiety, depression, chronic fatigues, sleep deprivation. She saw [REDACTED], an orthopedic surgeon on 02/21/14 and the physical examination is essentially illegible. She has been treated by a chiropractor, [REDACTED], with temporary benefit. She stated that [REDACTED] recommended surgery. She is status post epidural injection in November 2013 with no benefit. She attended aquatic therapy and stated it helped. She was able to function better and had less pain. She has good strength in the upper extremities, decreased range of motion of the shoulders, and low back spasms. Straight leg raising tests were positive at 10° but are not fully described. She had positive Kemp's and Milgram's tests. Reflexes were intact. Her knees are tender medially and laterally and xrays were ordered. An orthopedic mattress and raised toilet seat were recommended by [REDACTED]. On 06/05/14, she saw [REDACTED]. She is status post three-level fusion of the lumbar spine. She has a spinal cord stimulator. Balance training was recommended to be performed by [REDACTED]. She had decreased motor strength in the bilateral lower extremities. She had severe pain in both knees. She was falling one or 2 times per week and fall precautions were recommended. It was advised that she switch from a cane to a walker for ambulation. She saw [REDACTED], orthopedic surgeon, on 05/16/14 for an initial visit and complained of neck pain and back pain radiating to her extremities. This was going on for more than 10 years and she had minimal improvement despite treatment including medication, PT and left and cervical and lumbar epidural injections as well as a three-level artificial disc replacement

of bilateral shoulder surgery. She also had a cord stimulator. She complained of depression, dizziness and lightheadedness, and leg swelling. She complained of shortness of breath and double vision. Her strength was intact in the lower extremities. She had diminished sensation in the L5 dermatomes bilaterally but intact reflexes. There was tenderness over the medial and lateral joint lines of her knees. Lumbar CT scan and bilateral knee x-rays were recommended. She stated on 06/05/14 that she had fallen often due to loss of balance and she reported loss of stimulation in the left leg. She falls 2-3 times per week. Balance therapy was recommended for 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker with a 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 (ODG), Walking Aids and Knee & Leg (Acute & Chronic) chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Walking Aids.

Decision rationale: The history and documentation support the request for a walker with a seat for this claimant who has chronic symptoms despite extensive treatment. The MTUS do not address walkers but the ODG state they may be "recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. (Van der Esch, 2003) There is evidence that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone, a laterally wedged insole (orthosis) decreases NSAID intake compared with a neutral insole, patient compliance is better in the laterally wedged insole compared with a neutral insole, and a strapped insole has more adverse effects than a lateral wedge insole. (Brouwer-Cochrane, 2005) Contralateral cane placement is the most efficacious for persons with knee osteoarthritis. In fact, no cane use may be preferable to ipsilateral cane usage as the latter resulted in the highest knee moments of force, a situation which may exacerbate pain and deformity. (Chan, 2005) While recommended for therapeutic use, braces are not necessarily recommended for prevention of injury. (Yang, 2005) Bracing after anterior cruciate ligament reconstruction is expensive and is not proven to prevent injuries or influence outcomes. (McDevitt, 2004) Recommended, as indicated below. Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. (Zhang, 2008) While foot orthoses are superior to flat inserts for patellofemoral pain, they are similar to physical therapy and do not improve outcomes when added to physical therapy in the short-term management of patellofemoral pain. (Collins, 2008) In patients with OA, the use of a cane or walking stick in the hand contralateral to the symptomatic knee reduces the peak knee adduction moment by 10%. Patients must be careful not to use their cane in the hand on the same side as the symptomatic leg, as this technique can actually increase the knee adduction moment. Using a cane in the hand contralateral to the symptomatic knee might shift

the body's center of mass towards the affected limb, thereby reducing the medially directed ground reaction force, in a similar way as that achieved with the lateral trunk lean strategy described above. Cane use, in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biomechanical load experienced by the lower limb. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals. (Reeves, 2011)"In this case, the claimant has persistent pain with chronic lumbar radiculopathy and knee pain with tenderness noted by more than one provider. In addition, she has balance problems and balance training has been recommended. She also complains of dizziness and lightheadedness and vision problems. It is not clear whether these have been addressed but for her safety, since she reports falling several times per week and is at risk of further injury, the request for a walker with a seat can be supported as reasonable and appropriate. This is recommended over a cane since her problems appear to be complex and bilateral and she also has problems with numbness in her hands. The medical necessity of a walker with a seat can be supported.