

Case Number:	CM14-0141559		
Date Assigned:	09/10/2014	Date of Injury:	07/15/1997
Decision Date:	10/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/02/2014

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 Illinois. 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:

This is a 53-year-old woman who fell on a wet floor on July 15, 1997 and was diagnosed with lumbago and right leg radiculitis. In 2013, a magnetic resonance imaging scan showed degenerative disc disease with facet hypertrophy. She also had a lumbar epidural steroid injection in 2013 which gave her 3 days of pain relief. In November 2013, she complained of moderate pain in her mid-back, exacerbated with prolonged walking, standing, sitting; alleviated by medication. Exam was noted for right paraspinal muscle tenderness and tenderness over the facet joints. Back range of motion was restricted and straight leg raise was positive with blunted Achilles tendon reflex and decreased sensation on the right in the L4 dermatome. An L4-5 fusion was performed in January 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker Folding Wheeled without seat: 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)

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

Decision rationale: Walking aids are not addressed in Chronic Pain Medical Treatment Guidelines. Per Official Disability Guidelines, they are recommended. Almost half of workers with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Although walking aids are common in individuals with knee pain, there is no documentation attesting to the specific need of a walking aid in this individual. There is no indication of the medical necessity of the device. Therefore based on the CA MTUS & ODG the requested Folding wheeled walker without seat is not medically necessary.