

Case Number:	CM14-0147388		
Date Assigned:	09/15/2014	Date of Injury:	01/23/2011
Decision Date:	10/15/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 41-year-old female who reported an injury on 01/23/2011. The mechanism of injury was not provided. On 08/08/2014, the injured worker presented with pain. Upon examination, there were no signs of sedation. There was an antalgic gait with the use of a cane for ambulation. Spasm, tenderness, and guarding in the lower spine were noted. There was moderate distress secondary to pain. The diagnoses were intractable lumbar pain, lumbar radiculopathy, chronic cervical pain with radiculopathy, bilateral wrist tendinosis, depression, and anxiety, and insomnia. Therapy included medications. The provider recommended walker replacement. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker Replacement: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines TWC Knee and Leg Procedure Updated.

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 Aid.

Decision rationale: The Official Disability Guidelines state almost half of injured workers with knee pain possess a walking aid. Disability, pain, and age related impairments seem to determine the need for a walking aid. The injured worker ambulated with the use of a cane during the physical examination. The provider's rationale for a walker replacement was not provided. There is lack of documentation of instability documented upon physical examination. As such, the request for walker replacement is not medically necessary and appropriate.