

Case Number:	CM14-0148949		
Date Assigned:	09/18/2014	Date of Injury:	04/26/1998
Decision Date:	10/17/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/12/2014

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 and Rehabilitation 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 65-year-old female who reported an injury on 04/26/1998 due to an unspecified mechanism of injury. On 08/07/2014, it was reported no significant change as far as pain was concerned. She reported a stabbing intermittent pain between the scapula and thoracic region, as well as a burning, searing pain over the left thigh with symptomatic weakness in the left greater than right lower extremity. A physical examination showed that the patient's strength was at least antigravity in the bilateral upper extremities and bilateral lower extremities, reflexes were 2+, sensation was decreased throughout the left lower extremity below the knee into the lower leg and foot, and cranial nerves were intact. She was noted to be using a 4 wheeled rolling walker. Surgical history included implantation of an intrathecal pump and back surgery. Her medications were listed as OxyContin, Dilaudid, Levorphanol, Cymbalta, Neurontin, Lactulose, and simvastatin. Past treatments included surgery and medications. There was no documentation provided regarding diagnostic studies or relevant diagnoses. The request for authorization form was not provided for review. The rationale for the request was due to the walker that she was using being impossible to move through her home.

IMR ISSUES, DECISIONS AND RATIONALES

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

One 3 wheel traveler/rolling walker rollator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Knee and Leg (Acute & Chronic)

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.

Decision rationale: The injured worker was noted to be using a 4 wheeled walker for ambulation. The Official Disability Guidelines state that assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral disease. Based on the clinical information submitted for review, the injured worker was noted to have reported problems with the left hip. However, there is a lack of documentation showing that she had bilateral disease in which the use of a wheeled/framed walker would be considered medically necessary. In addition, there was no documentation showing that the walker she was utilizing was not working and did not provide benefit the patient. Without evidence that the walker the injured worker was utilizing was ineffective, the request would not be supported. As such, the request is not medically necessary.