

<b>Case Number:</b>	CM14-0179509		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 32 year old male who reported an injury on 07/18/2011. The mechanism of injury reportedly occurred while the injured worker was passing metal pieces from one person to another. His diagnoses included arthralgia of the pelvic region and thigh, disorder of the sacrum, peripheral neuritis, acquired spondylolisthesis, intervertebral disc disorder of the lumbar region with myelopathy. His past treatments have included medications and a right sacroiliac injection which he reported provided 70-80% relief. Diagnostic studies included an MRI of the lumbar spine which was performed on 08/07/2014 and electrodiagnostic studies which were performed on 08/12/2014. The injured worker's surgical history was not provided. At a follow-up examination on 10/02/2014 the injured worker complained of right sided buttock, groin/inguinal and proximal thigh pain with minimal radiating pain into his calf and foot. Upon further examination of the sacroiliac joint, it was noted to be tender to palpation and sensory testing of the right foot was abnormal. The injured worker's medication regimen included Prilosec since at least 07/31/2014; Norco, tramadol, cyclobenzaprine and naproxen since at least 06/04/2014. The treatment plan included a recommendation for a right sacroiliac joint fusion. The rationale for the request was not provided. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Front wheeled walker: 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 Procedure, Walking Aids (canes, crutches, braces, orthoses, & walkers)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & pelvis, Walking Aids.

**Decision rationale:** The request for Associated surgical service: Front wheeled walker is not medically necessary. The injured worker has right sided low back radiating pain. The Official Disability Guidelines recommend walking aids (canes, crutches, braces, orthoses, and walkers) as assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral disease. As per the last clinical note dated 10/02/2014, there was no indication of a diagnosis of bilateral lower extremity osteoarthritis. Pain was limited to the right side with minimal radiating pain. Additionally, there was no evidence within the documentation submitted that a surgery had been approved and would be performed in the near future. The documentation submitted for review does not demonstrate the medical necessity. As such, the request for Associated Surgical Service, Front Wheeled Walker is not medically necessary.