

Case Number:	CM14-0087787		
Date Assigned:	07/23/2014	Date of Injury:	05/17/2010
Decision Date:	09/22/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 54-year-old male who has submitted a claim for CRPS right foot, history of right second metatarsal shaft fracture, immobility and chronic low back pain associated with an industrial injury date of 05/17/2010. Medical records from 02/10/2014 to 07/23/2014 were reviewed and showed that patient complained of low back and right foot pain (pain scale grade not specified). Physical examination revealed tenderness over the lumbar paraspinal muscles. Decreased right knee ROM was noted because the patient was actively resisting bending the knee. Three-phase bone scan on 11/2010 revealed early stage reflex sympathetic dystrophy with reduced blood flow taken at distal right foot. MRI of the lumbar spine dated 02/07/2013 revealed L4-5 and L5-S1 disc desiccations, L4-5 annular tear, and L5-S1 mild spinal stenosis. Total body scan dated 02/2013 revealed increased leveling of right femoral shaft. Treatment to date has included Ultram ER 150mg, Neurontin 600mg, Ambien 10mg, BuTrans patch 10mg #4, and Neurontin 800mg #90. Utilization review dated 05/22/2014 denied the request for front wheel walker because the patient's symptoms were restricted to the right leg and knee only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Front wheel walker with 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) Knee & Leg, Walking Aids.

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 Section, Walking aids.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee and Leg Section was used instead. It states that disability, pain, and age-related impairments seem to determine the need for a walking aid, i.e., walker. Frames or wheeled walkers are preferable for patients with bilateral disease. In this case, the patient's symptoms were limited to the right lower extremity. Guidelines state that walkers are preferable for patients with bilateral disease. There was no discussion as to why variance from the guidelines is needed. Therefore, the request for Front wheel walker with seat is not medically necessary.