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| Case Number: | CM14-0095006 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 05/04/2010 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 05/27/2014 |
| Priority: | Standard | Application Received: | 06/23/2014 |

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 Georgia. 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 claimant is a 47 year old female presenting with chronic pain following a work related injury on 05/04/10. The claimant is status post right shoulder surgery in 2011. The claimant was diagnosed with L4-5 and L5-S1 discogenic pain, causing mild stenosis. Discography on 05/14/2012, showed L4-5 positive with severe concordant pain, L5-S1 was positive with severe concordant pain as well as degeneration with a posterior annular tear of the intervertebral disc. Lumbar MRI showed 2-3 millimeter L5-S1 right lateral disc protrusion with osteophyte complex, L4-5 minimal right lateral annulus fissure without focal disc protrusion, L3-4 small right foraminal disc protrusion at 2-3 millimeters. The physical exam showed hyperlordosis, paraspinal tenderness and spasm, as well as mild sensory deficits in the lower extremities. A claim was mad for front wheel walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Front Wheeled Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Front Wheeled Walker is not medically necessary. Per MTUS guidelines page 99 on power mobility devices "Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices." A front wheel walker would not encourage mobility like a cane or conventional walker without a cane; therefore the request is not medically necessary.