

Case Number:	CM14-0214926		
Date Assigned:	01/02/2015	Date of Injury:	06/21/2011
Decision Date:	02/23/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 50-year-old man with a date of injury of June 21, 2011. The mechanism of injury was not documented in the medical record. The injured worker's working diagnosis is status post L5-S1 posterior Gill procedure with fusion at L5-S1 secondary to spondylolisthesis at L5-S1 on November 1, 2012. Pursuant to a progress report dated October 13, 2014, the IW complains of 10/10 back pain. Medications are not helpful. Objectively, dorsolumbar regions shows L1 through S1 (4 inch) healed incision with tenderness to paraspinal muscles. Range of motion is restricted with flexion to 30 degrees, extension to 0 degrees, and right and left bending to 10 degrees. Motor strength is -5/5. Reflexes are symmetrical. Ambulation is not evaluated. Prior physical therapy is not documented. Existing assistive devices are not documented. CT and MRI of the lumbar spine dated April 23, 2014 did not show any evidence of pathology. The IW was told he needed spinal surgery (IMR upheld the denial of spinal surgery). The treating physician is recommending a pain management for evaluation and transfer of care. He is also prescribing Norco 10mg. The current request is for front wheel walker with seat.

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, Knee Chapter, Online Edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Section, Walkers

Decision rationale: Pursuant to the Official Disability Guidelines, a front wheel walker with seat is not medically necessary. Assistive devices for ambulation can reduce pain associated with osteoarthritis. Almost half of patients with knee pain possess a walking aid. Disability, pain and age-related impairments seem to determine the need for a walk. Nonuse is associated with less need, negative outcome and a negative evaluation of the walk aid. In this case, the injured worker's working diagnosis is status post L5-S1 posterior Gill procedure with fusion at L5-S1 secondary to spondylolisthesis at L5-S1 on November 1, 2012. The documentation in the medical record does not address the existing assistive device. According to the utilization review the patient gets we get to walking one half block. A report from a different physician notes the patient already has a walker. There is no description as to what type of water injured worker was currently using. There is no clinical indication he requires another type of. Consequently, based on the absence of clinical documentation regarding the assistive device, a front wheel walker with seat is not medically necessary.