

Case Number:	CM15-0018590		
Date Assigned:	02/06/2015	Date of Injury:	11/13/2005
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/02/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 was a 67 year old male, who sustained an industrial injury, November 13, 2005. According to progress note of January 12, 2015 the injured workers chief complaint was neck and shoulder pain rated a 8-9 out of 10; 0 being no pain and 10 being the worse pain. The pain was described as aching and stabbing. Neck pain 9 out of 10 with stabbing pain radiating down the left lower extremity. The physical exam noted tenderness and spasms at the lumbar paraspinal region with tenderness at the L4-L5. The abnormal gait was a new symptom for December 1, 2014 visit, which stated the injured worker had a normal gait. The injured worker was diagnosed with cervical disc syndrome, bilateral shoulder internal derangement, bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome, chronic thoracic spine fracture, lumbar disc syndrome, S1 radiculopathy, chronic lumbar spine compression fracture, abnormal gait and right third digit trigger finger. The injured worker previously received the following treatments Tramadol, FCL topical cream, laboratory studies, and computerized range of motion testing, EEG (electroencephalogram) on September 15, 2014, sleep study on September 17, 2014 and pulmonary stress test. January 12, 2015, the primary treating physician requested on wheeled walker. On January 16, 2015, the Utilization Review denied authorization for one wheeled walker. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Walker with Wheels between 1/14/2014 and 2/28/2015: 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), Online Edition, Knee & Leg (Acute & Chronic), Walking Aids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Durable Medical Equipment (DME) and Exercise Equipment Medicare.gov, durable medial equipment

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of shower chairs. ODG does state regarding durable medical equipment (DME), Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below and further details Exercise equipment is considered not primarily medical in nature. Medicare details DME as: durable and can withstand repeated use, used for a medical reason, not usually useful to someone who isn't sick or injured-appropriate to be used in your home. The request for walker likely meets the criteria for durability and home use per Medicare classification, although the request is non-specific. However, the treating physician fails to comment on what medical reason the patient has that would necessitate a walker. No validation of the patient's fragility, fall risk, lack of ability perform these daily activities, or other components to justify this request. In this specific case, walker is not classified as durable medical equipment and are not recommended per ODG. As such, the request for 1 Walker with Wheels between 1/14/2014 and 2/28/2015 is not medically necessary.