

<b>Case Number:</b>	CM15-0117115		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	06/01/1995
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 78 year old female, who sustained an industrial injury on 6/1/95. The injured worker has complaints of low back pain that radiates down the bilateral lower extremities. The documentation noted that the pain is accompanied by muscle weakness constantly in the bilateral lower extremities and is aggravated by walking. The documentation noted that range of motion of the lumbar spine was moderately limited secondary to pain. The diagnoses have included chronic pain; lumbar radiculitis; complex regional pain syndrome, left lower extremity and complex regional pain syndrome, right upper extremity. Treatment to date has included Medtronic intrathecal pump; therapy; amitriptyline; neurontin; vicodin and baclofen. The request was for one front wheel walker with seat and brake.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Front Wheel Walker with seat and brake: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, U-step walkers.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** The patient presents with low back pain that radiates down the bilateral lower extremities. The current request is for 1 Front Wheel Walker with seat and brake. The treating physician states, in a report dated 04/30/15, "Treatment Plan: Assistive Devices: Walker with brake and seat. Current walker worn out (used many years as a gift". (23B) The MTUS guidelines are silent on the issue of walking devices. The ODG guidelines state, "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid". In this case, the treating physician has failed to document that the patient has any difficulties with ambulation and does not provide medical rationale for the request. The current request is not medically necessary.