

Case Number:	CM15-0117514		
Date Assigned:	06/25/2015	Date of Injury:	05/02/2008
Decision Date:	07/27/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/18/2015

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, 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 is a 75 year old male who reported an industrial injury on 5/2/2008. His diagnoses, and/or impressions, are noted to include: chronic pain; coccygodynia; difficult controlled diabetes mellitus; hypertension; and chronic renal insufficiency on blood thinners. The history notes a myocardial infarction with bypass surgery and blood thinners (2013), and renal failure with noted restrictions on medications and diagnostic testing. Recent magnetic resonance imaging studies of the lumbar spine are noted on 12/8/2014; x-rays of the lumbar spine on 6/16/2014, and electrodiagnostic studies of the lower extremities on 10/17/2014. His treatments are noted to include a front-wheel walker; acupuncture, chiropractic and physical therapies for the lumbar spine and left shoulder; a home exercise program; and modified work duties, currently not working. The progress notes of 4/24/2015 reported severe left shoulder pain from a tear, and that he is a poor surgical candidate due to his medical history; and severe and constant lumbar pain with not being a candidate for epidural steroid injections due to his medical history. Objective findings were noted to include no change in his physical examination from his previous visit on 3/11/2015; as well as the review of his qualified functional capacity evaluation on 3/24/15 and his magnetic resonance imaging studies of the right shoulder done on 3/18/15. The physician's requests for treatments were noted to include a taller walker with seat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Taller walker with seat purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Walker.

Decision rationale: Pursuant to the Official Disability Guidelines, taller walker with seat for purchase is not medically necessary. Almost half of patients with knee pain possessed 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 aids. In this case, the injured worker's working diagnoses are left shoulder sprain and early frozen shoulder; lumbosacral sprain with sciatica; and HNP at two levels. The documentation in the medical record does not contain specifics regarding gait impairment and/or safety issues with ambulation. On January 29, 2015, the treating provider requested a four-wheel walker with seat. The most recent progress note documents the injured worker is using the four wheeled walker with a seat. According to the April 24, 2015 progress note, the injured worker had left shoulder and low back pain 8/10. The worker received acupuncture, chiropractic and physical therapy that helped. The treating provider requested a taller walker with seat, but did not provide a clinical rationale for the taller walker. The injured worker is 5'5" and 205 pounds. As noted above, the injured worker was prescribed a DME for wheeled walker with seat during the January 29, 2015 visit. Consequently, absent clinical documentation with a clinical rationale for the taller walker and documentation showing the injured worker has a pre-existing four-wheel walker with seat, taller walker with seat for purchase is not medically necessary.