

Case Number:	CM15-0119199		
Date Assigned:	06/29/2015	Date of Injury:	05/05/1999
Decision Date:	07/28/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/19/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This is a 53 year old male with a May 5, 1999 date of injury. A progress note dated May 14, 2015 documents subjective complaints (ongoing pain in the lower back radiating down to both lower extremities along with significant weakness in both feet which has progressively worsened; continued neck pain which radiates down both upper extremities with associated cervicogenic headaches), objective findings (tenderness to palpation bilaterally of the cervical musculature with increased muscle rigidity; numerous trigger points which are palpable and tender throughout the cervical paraspinal muscles, trapezius and medial scapular regions, bilaterally; decreased range of motion with obvious muscle guarding; sensory deficits were noted with the use of Wartenberg pinwheel along the posterolateral arm and lateral forearm bilaterally at proximal C5 to C6 distribution; decreased deep tendon reflexes in the bilateral upper extremities; tenderness to palpation along the posterior lumbar musculature bilaterally with diffuse muscle rigidity along with trigger points, which are tender throughout the lumbar paraspinal muscles; significant decreased range of motion of the lumbar spine; pain is aggravated with flexion; positive straight leg raise bilaterally; profound weakness globally in both lower extremities; reflexes are absent; tenderness along the mediolateral joint of the left knee with soft tissue swelling), and current diagnoses (residual L4-5 foraminal stenosis with facet arthrosis; cervical herniated nucleus pulposus with central and foraminal stenosis as well as degenerative disc disease and associated bilateral upper extremity radiculopathy; status post cerebrovascular accident with mild residuals; status post myocardial infarction with subsequent coronary artery bypass graft; medication induced gastritis; reactionary depression/anxiety; left knee

sprain/strain). Treatments to date have included lumbar spine fusion, lumbar epidural steroid injection which provided at least 70% pain relief with notable improvement in mobility and activity tolerance which lasted a good three months, medications, spinal cord stimulator, multiple surgeries, and imaging studies. The treating physician documented a plan of care that included a 4-wheel walker with seat, hand brakes, wheel locks and basket.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 4-wheel walker with seat, hand brakes, wheel locks and basket: 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 & leg, walking aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable medical equipment (DME) Durable medical equipment (DME).

Decision rationale: According to ODG guidelines, 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. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sits baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. See also specific recommendations here: Aquatic therapy; Bathtub seats; BioniCare knee device; Bone growth stimulators; Braces; Canes; Cold/heat packs; Compression cryotherapy; Continuous-flow cryotherapy; Continuous passive motion (CPM); Crutches; Cryocuff; Cryotherapy; Dynamic splinting systems; Dynasplint; Electrical stimulators (E-Stim); Electromyography biofeedback treatment; ERMI knee Flexionater/ Extensionater; Flexionators (extensionators); Exercise equipment; Game Ready accelerated recovery system; Home exercise kits; Joint active systems (JAS) splints; Knee brace; Lymphedema pumps; Mechanical stretching devices (for contracture & joint stiffness); Motorized scooters; Neuromuscular electrical stimulation (NMES devices); Orthoses; Post-op ambulatory infusion pumps (local anesthetic); Power mobility devices (PMDs); RS-4i sequential stimulator; Scooters; Shower grab bars; TENS (transcutaneous electrical nerve stimulation); Therapeutic knee splint; Treadmill exerciser; Unloader braces for the knee; Vacuum-assisted closure wound-healing; Vasopneumatic devices (wound healing); Walkers; Walking aids (canes, crutches, braces, orthoses, & walkers); Wheelchair; Whirlpool bath equipment.” The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is

primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. There is no clear evidence that the patient was approved for surgery. Therefore, the request is not medically necessary.