

<b>Case Number:</b>	CM15-0129019		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	05/02/2008
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: 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:

This injured worker is a 75 year old male who reported an industrial injury on 5/2/2008. His diagnoses, and or impression, were noted to include: lumbar spine sprain/strain, with degenerative disc disease, bilateral sciatica, and multi-level lumbosacral lumbar disc protrusions; sprain/strain and frozen left shoulder. Recent magnetic imaging studies of the lumbar spine are noted on 12/8/2014, and of the left shoulder on 11/25/2014. His treatments were noted to include a 4-wheel walker with seat (11/2014 & 1/29/15); physical therapy; medication management; and a return to modified work duties (on 2/20/15). The progress notes of 3/11/2015 reported complaints which included severe, constant and radiating lumbar spine pain, and weakness into the left lower extremity and knee, and numbness/tingling in both legs, that was aggravated with walking and activities. Objective findings were noted to include no functional changes since his previous visit; an antalgic gait and use of a walker with the need for a taller walker with seat. The physician's requests for treatments were noted to include a 4-wheel walker with seat.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extra tall rollator 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, Treatment in Workers' Compensation, 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) Knee and leg section, Walking aids.

**Decision rationale:** Pursuant to the Official Disability Guidelines, extra tall rollator walker with seat is not medically necessary. Disability, pain and related impairments seem to determine the need for a walking aid. Non-use is associated with less meat, negative outcome and negative evaluation of the walking a period racing after anterior cruciate ligament reconstruction is expensive and not proven to prevent injuries or influence outcomes. Assistive devices for ambulation can reduce pain with osteoarthritis. In this case, the injured worker's working diagnoses are left shoulder sprain and early frozen shoulder; lumbosacral sprain with right sciatica; HNP at L3 L4 and L4 L5. The date of injury is May 2, 2008. The request for authorization is dated May 28, 2015. According to an April 24, 2015 progress note, the treating provider requested an extra tall rollator Walker. There is no clinical rationale for this new walker. Subjectively, the injured worker had left shoulder pain 8/10 and low back pain 8/10. The utilization review indicates the injured worker had a recent all on February 8, 2015. The injured worker was provided with a four-wheeled walker. There is no clinical documentation with a clinical rationale for a new extra tall rollator walker. Consequently, absent clinical documentation with a clinical indication and rationale for an additional walker, extra tall rollator walker with seat is not medically necessary.