

<b>Case Number:</b>	CM15-0143932		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	07/12/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 male, who sustained an industrial injury on 7-12-2014, due to a fall from a ladder. Documents within the submitted medical records included conflicted date of birth entries. The injured worker was diagnosed as having left patellar fracture, status post surgery, traumatic brain injury, and cervical spine strain. Treatment to date has included diagnostics, left knee surgery in 8-2014, subsequent manipulation under anesthesia in 1-2015 due to stiffness, physical therapy, acupuncture, chiropractic, and medications. Currently, the injured worker complains of a fall, despite using a cane, because his left knee gave out. An increase in anxiety and depression was noted. Dizziness with vertigo and disequilibrium was noted. It was documented that he was using crutches for non-weight bearing. His spouse assisted with home care. Exam of the left lower extremity noted decreased range of motion and 3 out of 4 weakness. The treatment plan included a walker with a seat. Work status was total disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One walker with a seat:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) low back- DME gait device.

**Decision rationale:** The medical records report pain and increased risk of fall despite use of cane. The strength is reduced in the lower extremity at 3 out of 4. ODG guidelines support the necessity of device when there is ergonomic evaluation demonstrating functional assessment that supports a deficit that will benefit from use of device. As the medical records do support the presence of documented need, there is support for this device of walker with seat.