

<b>Case Number:</b>	CM15-0167265		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for paraplegia reportedly associated with a spinal cord injury of February 29, 2012. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for a ReWalk exoskeleton system for the bilateral legs. The claims administrator referenced a June 22, 2015 order form and an associated July 16, 2015 letter in its determination. The claims administrator contended that the attending provider had failed to furnish a complete evidence as to the extent of the applicant's impairment and went on to deny the same. On February 3, 2015, the applicant was given a diagnosis of T7-T12 spinal cord injury with other spinal cord injury without spinal bone injury. The applicant was described as essentially unimproved. The applicant's home was not suitable for wheelchair access. The applicant had apparently passed an evaluation to operate a modified motor vehicle. The applicant was given refills of Ambien, Norco, tramadol, Colace, Norvasc, and senna, it was reported. On April 20, 2015, the applicant was described as wheelchair bound. The applicant had undergone a T10 through L2 fusion procedure following the spinal cord injury in question. The applicant had issues with a neurogenic bowel and bladder and was having to employ catheterization to ameliorate the same. The applicant was wheelchair bound but reported issues with transferring. The applicant had a supportive family, it was acknowledged. A home health aide was proposed along with a powered wheelchair. In a progress note dated June 4, 2015, the applicant was again described as paraplegic. The applicant was wheelchair bound but stated that he could feel hot water in the shower. The applicant was described as a candidate for a ReWalk device. This was not, however, seemingly elaborated or

expounded upon. On a prescription form dated June 22, 2015, the applicant was asked to obtain a ReWalk system. On an RFA form dated August 12, 2015, the ReWalk exoskeleton system was proposed. In an associated physical therapy assessment of the same date, difficult to follow, somewhat blurred as a result of repetitive photocopying and faxing, it was suggested that the applicant's performance had improved during a ReWalk system trial. The note was difficult to follow and had been blurred considerably as a result of repetitive photocopying and faxing. A July 16, 2015 Letter of Medical Necessity was rendered largely illegible as a result of repetitive photocopying and faxing.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Rewalk exoskeleton system bilateral legs: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Exoskeleton suits (for wheelchair users).

**Decision rationale:** No, the request for a ReWalk exoskeleton system for the bilateral legs was not medically necessary, medically appropriate, or indicated here. While ODG's Knee and Leg Chapter Exoskeleton Suits topic acknowledges that exoskeleton suits are understudy in terms of bringing mobility to applicants who have lost function of lower body to an accident, stroke, multiple sclerosis, and, by implication, the spinal cord injury reportedly sustained here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that an attending provider should furnish a prescription for physical therapy and/or physical methods which "clearly states treatment goals." Here, however, the applicant's response to a previous trial of the ReWalk exoskeleton was not clearly described or characterized. An August 11, 2015 physical therapy assessment had been blurred as a result of repetitive photocopying and/or faxing. It was not clearly stated or clearly established that the applicant's ability to stand and/or walk had been significantly ameliorated or augmented as a result of the previous trial of the system. The applicant's response to previous usage of the system on a trial basis was not, thus, clearly described or clearly characterized. There was not, in short, sufficient documentation of improvement with a previous trial of the device needed to justify provision of the same on a purchase basis. The request to purchase the device appeared to have been initiated by the treating therapist without the attending provider's furnishing a prescription for the same which clearly stated treatment goals and/or clearly established that the applicant had in fact profited from previous usage of the device on a trial basis. Again, an August 11, 2015 physical therapy assessment and a July 16, 2015 medical necessity letter were substantially blurred and/or rendered largely illegible as a result of repetitive photocopying and faxing. These documents, in short, failed to support or substantiate the request. Therefore, the request is not medically necessary.

