

Case Number:	CM15-0172346		
Date Assigned:	09/21/2015	Date of Injury:	12/09/2006
Decision Date:	10/22/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/02/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 62 year old male who sustained an industrial injury on 12-9-2006. Medical records indicate the worker is undergoing treatment for chronic low back pain with referred pain to the right leg, lumbosacral disc tear, thoracic compression fracture, left shoulder impingement, carpal-metacarpal arthrosis of the left thumb with tenosynovitis, and status post left carpal tunnel release. A recent progress report dated 7-13-2015, reported the injured worker complained of back pain radiating to the right lower extremity, rated 5 out of 5 without medications, and 3 out of 5 with medications. He is requesting an epidural steroid injection. Physical examination revealed lumbar flexion of 60 degrees and extension is 10 degrees. The injured worker is unable to straighten his right knee and had positive bilateral sitting straight leg raise. Lumbar magnetic resonance imaging showed thoracic 12 compression fracture and kyphosis with multilevel degenerative disc disease, dorsal annular tear, and right lumbar 4-5 disc protrusion. Treatment to date has included physical therapy, epidural steroid injection, hydrocodone and Motrin. The physician is requesting purchase of a folding walker with seat and purchase of a single point cane, height adjusted. On 8-18-2015, the Utilization Review non-certified a purchase of a folding walker with seat and purchase of a single point cane, height adjusted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One purchase of a folding walker with 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The CA MTUS is silent concerning a folding walker with seat; however, the ODG recommends it under certain circumstances. Almost half of patients with knee pain possess a walking aid, and likewise, disability, pain, and age-related impairments determine the need for a walking aid. The ODG further states that assistive devices for ambulation can reduce pain associated with OA and frames or wheeled walkers are preferable for injured workers with bilateral disease. In the case of this injured worker, he was noted to have sensory loss in his right foot and intermittent tripping over his right foot. In addition, his motor strength is noted at 4/5 in the bilateral lower extremities. Although he has predominant right sided symptoms, he has overall lower extremity weakness, making the use of a walker reasonable. Therefore, the request for purchase of a folding walker with seat is medically necessary and appropriate.

Purchase of a single point cane, height adjusted: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The CA MTUS is silent concerning a single point cane; however, the ODG recommends it under certain circumstances. Almost half of patients with knee pain possess a walking aid, and likewise, disability, pain, and age-related impairments determine the need for a walking aid. The ODG further states that contralateral cane placement is the most efficacious for persons with knee osteoarthritis. Slow walking speed with cane use, lowers the ground reaction force, and decreases the biomechanical load experienced by the lower limb. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with osteoarthritis. In the case of this injured worker, he was noted to have sensory loss in his right foot and intermittent tripping over his right foot. In addition, his motor strength is noted at 4/5 in the bilateral lower extremities. Although he has predominant right sided symptoms, he has overall weakness, so the use of a walker seems to be more reasonable. Therefore, the request for purchase of a single point cane, height adjusted is not medically necessary and appropriate.