

<b>Case Number:</b>	CM15-0029033		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 62 year old male sustained an industrial injury on 4/22/13. He subsequently reports ongoing pain in the left knee and left shoulder. Diagnoses include DJD of the left knee and DJD of the left shoulder. The injured worker has undergone left shoulder surgery. Treatments to date have included injections, physical therapy and prescription pain medications. On 1/20/15, Utilization Review non-certified a request for a walker. The request for a walker was denied based on ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Walker:** 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 for Worker's Compensation, Chapter: Knee and Leg, Walking aids (canes, crutches, braces, orthosis and walkers).

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

Medical Equipment (DME) and Exercise Equipment and Other Medical Treatment Guidelines  
Medicare.gov, durable medial equipment.

**Decision rationale:** MTUS and ACOEM are silent regarding the medical necessity of shower chairs. ODG does state regarding durable medical equipment (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" and further details "Exercise equipment is considered not primarily medical in nature." Medicare details DME as: durable and can withstand repeated use, used for a medical reason, not usually useful to someone who isn't sick or injured, appropriate to be used in your home. The request for walker likely meets the criteria for durability and home use per Medicare classification, although the request is non-specific. However, the surgery request that would necessitate a walker has been non-certified. No validation of the patient's fragility, fall risk, lack of ability perform daily activities, or other components to justify this request. In this specific case, walker is not classified as durable medical equipment and are not recommended per ODG. As such, the request for Walker is not medically necessary.