

Case Number:	CM15-0065026		
Date Assigned:	04/13/2015	Date of Injury:	02/11/2010
Decision Date:	05/12/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/06/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: 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 was a 63 year old male, who sustained an industrial injury, February 11, 2010. The injured worker received the following treatments in the past home exercise program, random toxicology laboratory studies, Mentherm gel, Fexmid, Gabapentin, Terocin Patches, ultra sound guided 4 trigger point injections of the lumbar spine. The injured worker was diagnosed with status post right shoulder surgery and left ankle surgery, myofascial pain syndrome of the cervical spine and lumbar spine, right rotator cuff syndrome, right shoulder impingement, cervical strain and lumbar strain. According to progress note of February 25, 2015, the injured workers chief complaint was lumbar spine pain with some numbness in the right leg. The injured worker ambulated with crutches due to the right leg numbness. The injured worker had continued pain in the cervical; spine and left ankle. The physical exam noted positive straight leg raise on the right. The right shoulder was positive for impingement. There was decreased strength in the right dorsal flex and right ankle flexion. The treatment plan included a request for a seated walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seated Walker, QTY: 1: 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), Ankle & Foot (Acute & Chronic), 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, Low Back, Walking aids.

Decision rationale: CA MTUS is silent on walking aids, such as a cane. ODG section on Knee states that walking aids are recommended. In this case, there is well-documented pain, antalgic gait and fall risk and a seated walker is medically indicated.