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| Case Number: | CM15-0066639 | | |
| Date Assigned: | 04/14/2015 | Date of Injury: | 11/16/2002 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 03/13/2015 |
| Priority: | Standard | Application Received: | 04/08/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old male who sustained an industrial injury on 11/16/2002. Current diagnosis includes post-laminectomy syndrome. Previous treatments included medication management, back surgeries, injections, and uses a cane for ambulation. Previous diagnostic studies included an MRI of the lumbar spine and x-rays of the lumbar spine. Initial complaints included an injury to his back. Report dated 02/24/2015 noted that the injured worker presented with complaints that included chronic lumbar spine pain. The physician noted that the injured worker has been having trouble with ambulation due to tapering of medication causing increased pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included proceed with tapering of medication, request for Percocet and Oxycontin, and follow up in 6 months. Disputed treatments include front wheeled walker with seat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Front wheeled 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, Knee and Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines knee & leg chapter, walking aids, canes, crutches, braces, orthosis, and walkers.

Decision rationale: The patient was injured on 11/16/2002 and presents with chronic lumbar spine pain. The request is for a Front-Wheeled Walker with a seat. The Utilization Review denial rationale is that "there are no objective findings that would indicate the patient has bilateral disease or to be a fall risk. Reports do not indicate the patient was unable to use a cane". There is no RFA provided and the patient is permanent and stationary. The report with the request is not provided. The ACOEM and MTUS Guidelines do not discuss wheeled walkers. ODG Guidelines, knee chapter, states the following about walking aids, canes, crutches, braces, orthosis, and walkers, "Recommended as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairment seemed to determine the need for a walking aid. Non-use is associated with less need, negative outcome, and negative evaluation of the walking aid". The patient can flex his lumbar spine with a great deal of difficulty to 45 degrees, extend to 10 degrees, and cannot independently stand without a cane. The patient is diagnosed with postlaminectomy syndrome. The patient clearly has issues with ambulation and the treater's request for a walker is reasonable and consistent with ODG Guidelines. A walker could prevent deterioration secondary to non-use; improve this patient's functional status and overall outcome. Therefore, the requested front-wheeled walker with seat is medically necessary.