

Case Number:	CM15-0066972		
Date Assigned:	04/14/2015	Date of Injury:	02/07/2005
Decision Date:	06/04/2015	UR Denial Date:	03/24/2015
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 50-year-old male, who sustained an industrial injury on 02/07/2005. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical myoligamentous injury with disc protrusions, bilateral upper extremity radiculopathy with the right greater than the left, lumbar spine sprain/strain syndrome, bilateral lower extremity radiculopathy with the left greater than the right, and status post anterior cervical discectomy and fusion to cervical four to five and cervical five to six. Treatment to date has included electromyogram of the bilateral upper and lower extremities, magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the cervical spine, laboratory studies, trigger point injections, status post anterior cervical discectomy and fusion at cervical four to five and cervical five to six, lumbar epidural steroid injection, and medication regimen. In a progress note dated 03/12/2015 the treating physician reports complaints of ongoing neck pain with radicular symptoms to the left upper extremity with a pain rating of a nine out of ten at its worst and a seven out of ten with medical regimen. The injured worker also has complaints of low back pain that radiates to the bilateral lower extremities with a pain rating of an eight on a scale of zero to ten. The treating physician requested a replacement of the injured worker's four wheeled walker with the treating physician noting that the injured worker is

dependent on this walker due to lower extremity weakness and pain. The treating physician also notes that the injured worker's current walker has inadvertently folded during use on multiple occasions when it is on an uneven surface. The documentation notes that the injured worker sustained a fall secondary to the walker folding while in use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Rollator Walker with Seat Attachment and dual brakes (Cervical and Lumbar Spine): 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) Knee Chapter, Walking Aids, (canes, crutches, bracers, othoses, and walkers).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices Page(s): 99. Decision based on Non-MTUS Citation Official disability guidelines Knee & leg Chapter, Walking Aids.

Decision rationale: Based on the 11/12/14 progress report provided by treating physician, the patient presents with severe low back pain, left leg weakness and falling. Patient is status post ACDF C4-5 and C5-6 10/16/14. The request is for PURCHASE OF ROLLATOR WALKER WITH SEAT ATTACHMENT AND DUAL BRAKES (CERVICAL AND LUMBAR SPINE). Patient's diagnosis per Request for Authorization form dated 10/21/14 includes lumbar region other unspecified disc disorder, and cervical spondylosis. Diagnosis on 03/12/15 included lumbar spine sprain/strain syndrome, and bilateral lower extremity radiculopathy, left greater than right. Physical examination on 11/12/14 revealed marked lumbar tenderness and weakness to left lower extremity. Examination to the lumbar spine on 03/12/15 revealed decreased range of motion, especially on extension 15 degrees, and decreased deep tendon reflexes, bilaterally. Patient medications include Norco, Anaprox, Prilosec, Topamax, Cymbalta, Cialis, MS Contin, Prozac, Xanax, Soma, and Neurontin. The patient is temporarily totally disabled, per 03/12/15 treater report. Treatment reports were provided from 09/12/14 - 03/12/15. MTUS page 99, discusses walkers in the context of power mobility devices, stating "if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." ODG Guidelines, Knee Chapter under Walking Aids states: "Recommended for patients with conditions causing impaired ambulation when there is a potential for ambulation with these devices." UR letter dated 03/24/15 states "this patient has already been provided with a front wheeled walker and a cane. The medical records do not establish why the patient would require yet another walker device." However, per 03/12/15 report, the patient "moves slowly in and out of the office and has an antalgic gait, ambulates with the use of front-wheel walker, Cervicothoracic orthosis in place. He continues to rely on his four wheeled walker since he remains a high-fall risk due to his ongoing pain and weakness in his lower extremities. He recently had a fall on February 18, 2015, but it was due to his four-wheeled walker inadvertently folding when he hit on uneven surface on the sidewalk. He states that the walker is approximately 2 years old." ODG supports walking aids for impaired ambulation and

if ambulation with the device can be achieved. The patient clearly has issues with ambulation and the treater's request for a replacement walker appears reasonable and consistent with ODG Guidelines. A replacement walker would be safer, prevent deterioration secondary to non-use, and improve this patient's functional status and overall outcome. Therefore, the request for Rollator walker IS medically necessary.