

Case Number:	CM15-0068663		
Date Assigned:	04/16/2015	Date of Injury:	08/03/2011
Decision Date:	05/27/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/10/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 60 year old female, who sustained an industrial/work injury on 8/3/11. She reported initial complaints of knee, neck, and back pain. The injured worker was diagnosed as having cervical discogenic disease with radiculitis, chronic cervical spine strain/sprain, cervical facet arthrosis, lumbar discogenic disease, lumbar spondylolisthesis L5-S1 level, grade I-II, chronic low back pain, left shoulder impingement syndrome with subacromial bursitis, bilateral knee ACL tears with valgus deformity bilaterally, right knee degenerative joint disease. Treatment to date has included medication, physical therapy, hot/cold packs, adaptive equipment (cane/brace), modified duty, epidural steroid injection, surgery (C5-7 fusion on 9/27/13), grade I-II spondylolisthesis L5-S1. MRI results were reported on 10/4/12. X-Rays results were reported on 3/5/15 and 3/11/15. Currently, the injured worker complains of knee pain. Per the primary physician's progress report (PR-2) on 3/11/15, the injured worker complained of medial, anterior, knee pain. Examination noted extension of 0 degrees and flexion was 100 degrees, effusion of 1+ bilaterally. The Lachman's test was positive. The anterior drawer test revealed 1+ instability. There was tenderness over the medial joint line and medial femoral condyle and slight tenderness about the lateral joint line, over the quadriceps tendon, and the meniscal grind was positive. The requested 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: Upheld

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hoenig H, et al. Overview of geriatric rehabilitation: Program components and settings for rehabilitation. Topic 16852, version 9.0. UpToDate. Accessed 05/19/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. Mobility devices may be used for physical limitations affecting mobility, such as weakness, problems with balance, limited endurance, and/or sensory issues. Devices are intended to improve mobility and independence and to provide some protection against falls. However, there is limited research on the impact of these devices. Walkers require moderate balance, coordination, and arm strength to use them safely. The submitted and reviewed documentation indicated the worker was experiencing pain in both knees with them giving way at times, lower back pain, neck pain, and left shoulder pain. These records did not address whether the worker had recent falls or specify how the worker was expected to benefit from its use. Further, the worker's shoulder and neck pain could hinder consistent safe use without worsening these issues, and there was no discussion describing special circumstances that sufficiently supported this request. In the absence of this evidence, the current request for a front-wheeled walker with a seat is not medically necessary.