

<b>Case Number:</b>	CM15-0078675		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old male sustained an industrial injury on 3/22/13. He subsequently reported back pain. Diagnoses include lumbar radiculopathy and status post laminotomy. Treatments to date have included injections, surgery, physical therapy and prescription pain medications. The injured worker continues to experience left sided low back pain with symptoms radiating to the left leg. Upon examination, all body areas were without tenderness, obvious masses or swelling. Range of motion was within normal limits without pain or crepitus, good range of motion noted at the waist. A request for Post-operative folding front wheeled walker was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative folding front wheeled 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 (ODG), Ankle chapter - Rolling knee walker - 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 & Leg (Acute & Chronic) Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** The injured worker sustained a work related injury on 3/22/13 . The medical records provided indicate the diagnosis of lumbar radiculopathy and status post laminotomy. Treatments to date have included injections, surgery, physical therapy and prescription pain medications. The medical records provided for review do not indicate a medical necessity for Post-operative folding front wheeled walker. The medical records reviewed indicate the request was in anticipation of lumbar surgery, but the surgical approach has been denied. Although the Official Disability Guidelines recommends the use of walking aids, the equipment is not medically necessary since the surgery has been denied.