

Case Number:	CM15-0094537		
Date Assigned:	05/20/2015	Date of Injury:	07/28/2014
Decision Date:	06/22/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/15/2015

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

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 is a 62 year old male, who sustained an industrial injury on 07/28/2014. He reported injuries to both of his feet after a forklift ran over them and had pain in his entire body when he attempted to catch himself and fell backward. The injured worker is currently not working. The injured worker is currently diagnosed as having crushing injury of foot, lumbar strain with radiculopathy, evidence of lumbar instability, and cervical strain with possible cervical radiculopathy. Treatment and diagnostics to date has included lumbar spine x-rays which show marked spondylosis, cervical spine x-rays which show marked multilevel spondylosis, lumbar spine MRI which showed degenerative disc disease, retrolisthesis, discogenic changes, and disc bulging, cervical spine MRI which showed severe multilevel spondylosis, upcoming right foot surgery, physical therapy with relief, cortisone injections, and medications. In a progress note dated 04/08/2015, the injured worker presented with complaints of spasms. Objective findings include mildly antalgic gait, positive cervical and lumbar tenderness, muscle spasms, and decreased cervical and lumbar range of motion. The treating physician reported requesting authorization for a rolling kneeling walker rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rolling kneeling walker x 3months rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, walkers.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that walkers are indicated in patients with mobility issues that cannot be address with crutches or a self-propelled/manual wheelchair. The provided clinical documentation for review does not meet these criteria and therefore the request is not medically necessary.