

<b>Case Number:</b>	CM13-0031021		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	02/05/2004
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 57-year-old male who reported an injury on 02/05/2004. The mechanism of injury was not provided. The patient was noted to have persistent right ankle pain which was worse with ankle movements. The diagnoses were noted to include status post arthroscopic surgery right ankle, status post oatz surgery 2007, degenerative changes of the right ankle, osteochondral lesion of the talar dome, talofibular and calcaneofibular ligament injury right ankle, and total ankle arthroplasty on the right ankle. The request was made for an adjustable cane to provide stability for the patient while ambulatory. ¶¶

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Adjustable cane for stability while ambulating:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Knee & Leg, Walking aids (canes, crutches, braces, orthoses and walkers.)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** Official Disability Guidelines recommend a cane as almost half the patients with knee pain possess a walking aid. Almost half of patients with knee pain possess a walking aid and the Official Disability Guidelines further indicate that disability, pain, and age-related impairments seem to determine the need for a walking aid. The patient was status post excision or osteochondral defect on the right anterolateral talar dome with an open arthrotomy of the right ankle and synovectomy on 09/28/2006. The patient was noted to undergo a total ankle arthroplasty and bone marrow transplant to the right ankle on 01/09/2009. The patient was noted to have an antalgic gait and be using a cane for ambulation. While the documentation submitted for review indicated the patient had a cane, canes should be based on the height of the patient and if the cane that is in current use is not adjusted to his height, it would not be effective. The cane should be fitted by a physical therapist. Given the above, and the fact the patient should be fitted for a cane by a physical therapist and the lack of documentation indicating that the patient's cane has been appropriately adjusted to his height, the request for an adjustable cane for stability while ambulating is medically necessary and appropriate.