

Case Number:	CM13-0031162		
Date Assigned:	12/04/2013	Date of Injury:	12/12/2005
Decision Date:	02/07/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	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 Internal Medicine, has a subspecialty in Pulmonary Disease and is licensed to practice in California. 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 was a 63 year old female with a date of injury of 12/12/2005. The patient has complaints of low back pain. It was documented that the patient had low back pain, cramps, and spasms on 08/09/2013. The patient participated in an unspecified number of physical therapy sessions. The patient was recommended to continue physical therapy sessions. The patient did not have legible findings of gait, and/or lower extremity issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walking aid: 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) Knee and Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Knee, Walking aids (canes, crutches, braces, orthoses, and walkers).

Decision rationale: The request for walking aid is non-certified. The Official Disability Guidelines recommend the use of walking aids in patients with knee pain. The patient does not have legible documentation of knee pain submitted for review. Furthermore, the patient did not

have documented problems with lower extremities, gait, nor ambulation submitted for review. Given the information submitted for review the request for walking aid is non-certified.