

Case Number:	CM14-0002137		
Date Assigned:	01/24/2014	Date of Injury:	10/20/2010
Decision Date:	06/09/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/07/2014

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 an employee of [REDACTED] who has submitted a claim for pain in the right shoulder and low back associated from an industrial injury date of October 20, 2010. Treatment to date has included physical therapy, chiropractic therapy, lumbar epidural injection (10/10/11), right subacromial injection (12/14/12), home exercise program, and medications with include Tylenol, Flexeril, Naprosyn, Ultracet, Dendracin lotion, and Motrin. Medical records from 2013 were reviewed, the latest of which dated November 27, 2013 revealed that the patient complained of frequent pain in the right shoulder. The patient complained of intermittent pain in the low back, which radiated to the left buttocks and leg. On examination, the patient had tenderness along the right biceps tendon groove, rotator cuff, and supraspinatus deltoid complex. Impingement and drop arm tests were positive. Straight leg raise test was positive on the left. Utilization review from December 11, 2013 denied the request for Cane - Purchase because it is not clear why the cane is being requested and how this will be helpful in the overall treatment plan. There was also no documentation of any specific objective gait abnormalities occurring to support the need for the cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

CANE - PURCHASE: 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 (UPDATED 11/29/13), 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 (ODG), Knee & Leg, Walking Aids.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee & Leg Section, was used instead. ODG states that in patients with OA, the use of a cane or walking stick in the hand contralateral to the symptomatic knee reduces the peak knee adduction moment by 10%. Cane use, in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biomechanical load experienced by the lower limb. In this case, it was not stated why the cane is being requested. There was also no documentation of any subjective or objective finding that would support the need for the cane, therefore, the request for CANE - PURCHASE is not medically necessary.