

Case Number:	CM14-0002673		
Date Assigned:	01/29/2014	Date of Injury:	08/23/1999
Decision Date:	06/16/2014	UR Denial Date:	01/02/2014
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 Orthopaedic Surgery 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 review in question is from January 2014. The reviewer indicates that the request came is not indicated secondary treating purchase of a cane. Additionally, the reviewer indicates that the requested lumbar support brace is not indicated secondary to lack of diagnosis of spondylolisthesis with compression fracture. The claim is documented as being status post hemilaminectomy at L4-S1. The claimant is documented as utilizing an AFO brace secondary to foot drop. A clinical note from January 2013 indicates that a cane replacement is needed. There is no indication in the documentation if the cane was replaced following this and subsequent note from July 2013 and indicates that a new cane for. The clinical note from October 2013 indicates that lumbar support brace required for placement. This is used for "minimal support while walking." The documentation provided does not indicate if and/or when the cane was placed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CANE REPLACEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee And Leg, Walking AidS.

Decision rationale: The ODG redirects from foot and ankle to the knee chapter for recommendations on walking aids including teens. Based on clinical documentation provided, the cane is medically necessary. However it is unclear when the cane was most recently replaced. As such, there appears to be insufficient information to warrant the requested replacement of the cane. As such, the request is not medically necessary.

OIS LS SUPPORT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The Low Back Complaints ACOEM Practice Guidelines supports the use of LSO's for the treatment of spondylolisthesis, documented instability, or post-operative treatment. Based on the clinical documentation provided, the claimant is utilizing this device for "minimal support while walking." As such, the request is not supported by the ACOEM Practice Guidelines and is not medically necessary.