

<b>Case Number:</b>	CM14-0006368		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	10/28/2008
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 68 year-old female was reportedly injured on 10/28/2008. The most recent progress note, dated 12/18/2013, indicates that there were ongoing complaints of low back pain and right hip pain five months status post-surgery. The physical examination demonstrated antalgic gait. Positive tenderness to palpation to the lumbar paraspinals right more than left. Positive spasm right more than left. Decreased range of motion of the lumbar spine in all planes. Motor exam limited by right hip pain. Five-/5 right lower extremity muscle strength. No recent diagnostic studies are available for review. Previous treatment includes hip arthroscopy, physical therapy, medications, and conservative treatment. A request had been made for crutches (purchase) and was not certified in the pre-authorization process on 12/17/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CRUTCHES PURCHASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2ND EDITION (2004), ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis. Acute and Chronic. Walking Aids. Updated 10/9/2014.

**Decision rationale:** ODG guidelines state walking aids such as canes, crutches, braces, and walkers are recommended to assist individuals with ambulation in order to reduce pain associated with osteoarthritis. After review of the medical records provided, the injured worker does have low back pain and is status post right hip arthroscopy (five months). The treating physician did note the patient had an antalgic gait, but there is insufficient documentation for justification for the need of a walking aid in the history or objective findings of the physical exam section. Therefore, this request is deemed not medically necessary.