MAXIMUS Federal Services

Case Number:	CM14-0105181		
Date Assigned:	07/30/2014	Date of Injury:	12/15/2008
Decision Date:	09/24/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/07/2014

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:

This is a 50-year-old male with a 12/15/08 date of injury, when he injured his back and upper extremities while lifting a 200 ponds generator. The patient underwent thoracic surgical procedure in 2012. The progress note dated 3/7/14 was handwritten and somewhat illegible and stated that the patient was attending psychotherapy and was taking Oxycontin and Hydrocodone for pain. The patient was seen on 3/25/14 with complaints of mid and lower back pain associated with physical activities, radiating to the upper and lower extremities and weakness in the legs. The patient also complained of the neck pain with numbness and tingling in the left arm, left groin pain and depression. Exam findings revealed abnormal and unusual gait pattern with appearance of weakness and possibly an unsteady type of myelopathic gait pattern. The patient ambulated with a seated type of walker. There was tenderness to palpation and limited range of motion in the cervical, thoracic and lumbar spine. The range of motion in the hips, knees and ankles was normal. The patient had some weakness and diminished sensation in the left lower leg with intact and symmetrical pulses and reflexes in the lower extremities. The progress report dated 4/30/14 was handwritten and somewhat illegible and stated that the patient's blood pressure was 132/83 and pulse was 76. The diagnosis is carpal tunnel syndrome, closed fracture of phalanges of the hand, wrist sprain, and lumbar sprain.Treatment to date: TENS unit, back brace, wheelchair, medications, work restrictions, physical therapy, chiropractic treatment and walker. An adverse determination was received on 6/10/14 given that the physical examination was not complete and there was a lack of documentation indicating how the requested medical equipment would change the patient's treatment plan and provide therapeutic benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Point Cane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg Chapter (Walking Aids).

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 Chapter Walking Aids).

Decision rationale: CA MTUS does not address this issue. ODG states that walking aids are recommended; with almost half of patients with knee pain possessing a walking aid and that contralateral cane placement is the most efficacious for persons with knee osteoarthritis. In fact, no cane use may be preferable to ipsilateral cane usage as the latter resulted in the highest knee moment of force, a situation that may exacerbate pain and deformity. The latest progress report dated 4/30/14 did not include physical examination of the lower extremities. There is no rationale with regards to 4 Point Cane and it is not clear how this equipment would change the patient's treatment plan and what therapeutic benefits were expected. Therefore, the request for 4 Point Cane is not medically necessary and appropriate.