

Case Number:	CM14-0108551		
Date Assigned:	08/01/2014	Date of Injury:	07/17/2009
Decision Date:	10/06/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 a 44-year-old female who has submitted a claim for lumbar radiculopathy, depression, and insomnia associated with an industrial injury date of 07/17/2009. Medical records from 01/27/2012 to 08/06/2014 were reviewed and showed that patient complained of chronic low back pain with paresthesia down the bilateral calves. Physical examination revealed decreased sensation along L5 distribution otherwise unremarkable. Treatment to date has included Norco, Hydrocodone, Acetaminophen, Gabapentin, Ibuprofen, Diazepam, Amitriptyline, Sertraline, Fentanyl, and Fentanyl patches. Utilization review dated 06/19/2014 denied the request for folding cane and walker with a seat because the medical necessity cannot be established based on the medical records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Folding 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 (updated 06/05/14): Walking aids (canes, crutches, braces, orthoses, & 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, Walking Aids

Decision rationale: 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, Official Disability Guidelines (ODG) was used instead. Cane use, in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biomechanical load experienced by the lower limb. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In this case, the patient complained of low back pain radiating down the left leg. Physical examination findings included hypoesthesia along left L5 distribution. There was no discussion that the patient had difficulty with ambulation or osteoarthritis, for which a cane is indicated. There is no clear indication for a folding cane. Therefore, the request for folding cane is not medically necessary.

Walker with a seat: 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 (updated 06/05/14): Walking aids (canes, crutches, braces, orthoses, & 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 and Leg Section, 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 and Leg Section was used instead. It states that disability, pain, and age-related impairments seem to determine the need for a walking aid, i.e., walker. Frames or wheeled walkers are preferable for patients with bilateral disease. In this case, the patient complained of chronic low back pain radiating down the left leg. Guidelines state that walkers are preferable for patients with bilateral disease. There is no clear indication for a walker at this time. Therefore, the request for walker with a seat is not medically necessary.