

Case Number:	CM14-0135890		
Date Assigned:	09/03/2014	Date of Injury:	04/17/2007
Decision Date:	10/14/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/25/2014

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 claimant was injured on 04/17/07 and a cane with a seat is under review. Her mechanism of injury and history of evaluation and treatment to date is unknown. On 08/04/14, [REDACTED] stated she has diagnoses of lumbar disc degeneration and spondylolisthesis and he prescribed a cane with a seat. An AME report dated 01/10/11 that indicates that she had constant low back pain that goes into the posterior thighs with numbness and burning in the left thigh. She had diffuse tenderness over the sacroiliac joints and spinous processes from L4 through S1. There is no other clinical information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cane with Seat: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 history and documentation submitted in support of this review do not objectively support the request for a cane with a seat. The MTUS do not address this request.

The Official Disability Guidelines state walking aids such as canes, etc. are "recommended.... Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. (Van der Esch, 2003)...." In this case, the claimant's history of injury, evaluation, and treatment to date and her current clinical status are unknown. There is no evidence that she requires a cane with a seat. The medical necessity of a cane with a seat has not been demonstrated.