

Case Number:	CM14-0152261		
Date Assigned:	09/22/2014	Date of Injury:	01/01/2004
Decision Date:	10/21/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/18/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 69 year old female who sustained a work injury on 1-1-04. The claimant is status post left shoulder surgery performed on 3-13-13. An office visit on 8-7-14 notes the claimant reports ongoing pain in her neck, with radiation down her right upper extremity. She has undergone prior epidural steroid injections. The claimant reports left shoulder pain. The claimant is status post epicondylectomy performed on 9-23-05. The claimant was diagnosed with CRPS (complex regional pain syndrome) in the right hand/wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of one-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/Walking aids (canes, crutches, braces, orthoses and 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 chapter - walking aids

Decision rationale: ODG notes that 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. Non

use is associated with less need, negative outcome, and negative evaluation of the walking aid. While current treatment guidelines supports walking aids such as canes and crutches for knee and leg issues, there is an absence in documentation noting recent physical exam findings supporting lower extremity difficulties that would require the use of a cane. There is no documentation of ambulation or pathology that would support the medical necessity of this request. Therefore, the medical necessity of this request is not established.