

Case Number:	CM14-0173828		
Date Assigned:	10/27/2014	Date of Injury:	07/30/2013
Decision Date:	12/04/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/21/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of July 30, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; reported diagnosis with a tibial fracture; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 14, 2014, the claims administrator denied a request for a cane. The applicant's attorney subsequently appealed. In an October 4, 2014 progress note, the applicant reported ongoing complaints of knee, low back, and leg pain, 7/10. The applicant was not working, it was acknowledged. The applicant was using a single-point cane to move about. It was stated that the applicant was not ambulating with much difficulty but was nevertheless using a cane. Some analgia was evident. The attending provider stated that the applicant's cane was too short and that a single-point cane was needed to facilitate ambulation. A topical compounded drug was endorsed, along with additional physical therapy. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adjustable single point cane for lumbar: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices such as electric scooters are not recommended if an applicant's functional mobility deficits can be rectified through usage of a cane or walker. In this case, the attending provider has posited that the applicant has lower extremity mobility deficits associated with a tibial fracture. The applicant did exhibit an antalgic gait on the office visit in question, referenced above. The attending provider suggested that a cane which the applicant was previously provided with is ill-fitting, apparently owing to the applicant's height of 6 feet 2 inches. Provision of a cane that is better-suited to the applicant's height is therefore indicated. Accordingly, the request is medically necessary.