

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0175754 | | |
| Date Assigned: | 10/28/2014 | Date of Injury: | 04/01/2010 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 09/30/2014 |
| Priority: | Standard | Application Received: | 10/23/2014 |

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 64-year-old female with a 4/1/2010 date of injury. A progress reported dated 7/21/14 noted subjective complaints of low back pain and right greater than left knee pain. Objective findings included lumbar spine tenderness and normal gait. The progress report noted prior MRI of the bilateral knees reveals internal derangement, but no official report is available for review. Diagnostic Impression: Cervical/thoracic/lumbar disc disease, internal derangement bilateral knees, and bilateral shoulder impingement. Treatment to Date: physical therapy A UR decision dated 9/30/14 denied the request for a single prong aluminum cane. The medical records provided fail to document any physical findings of the lower extremities and balance. It also denied the request for lumbar spine support. The requested lumbar supports are not recommended for prevention and the medical records provided fail to document any of the medical conditions listed in the official disability guideline criteria for the back support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single Prong Aluminum Cane: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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. ODG states 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 moments of force, a situation that may exacerbate pain and deformity. In the documents available for review, there is note that previous MRI showed bilateral internal derangement. Additionally, there is subjective complaint of bilateral knee pain. Therefore, the request for single prong aluminum cane was medically necessary.

Lumbar Spine Support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

Decision rationale: CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, however, ODG states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. However, with a 2010 original date of injury, the patient is beyond the acute phase of injury. Additionally, there is no documentation of any of the above conditions such as compression fracture or spondylolisthesis to substantiate the need for a lumbar support. Therefore, the request for lumbar spine support was not medically necessary.