

<b>Case Number:</b>	CM14-0026335		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/07/2000
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 family Medicine, and is licensed to practice in Utah. 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 43 years old. The patient's date of injury is 9/7/2000. The mechanism of injury is not stated in the clinical documents. The patient has been diagnosed with intervertebral thoracic disc disorder in thoracic and lumbar region, back disorder, lumbar sprain and strain, dysthymic disorder, sleep disturbance, and gastritis. The patient's treatments have included medications. The physical exam findings dated 4/8/2014 state H/A none, and Sleep up arrow AV? (Illegible). The patient's medications have included, but are not limited to, Oxycontin, Dilaudid, Zofran, Cymbalta, Trazodone, Amitiza, Reglan, Miralax and Ambien. The request is for a cane.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **QUAD CANE #1: 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), Cane usage.

**Decision rationale:** MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a quad cane. The Clinical records lack documentation that the

patient has impairment of ambulation as part of the accepted industrial injury. According to the clinical documentation provided and current guidelines; a quad cane is not indicated as a medical necessity to the patient at this time.