

<b>Case Number:</b>	CM14-0092977		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/06/2011
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 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 patient is a 31-year-old male who has submitted a claim for status post lumbar fusion, cervical sprain / strain, and major depressive disorder associated with an industrial injury date of 2/6/2011. Medical records from 2013 to 2014 were reviewed. The patient complained of neck and low back pain aggravated by exercise. Physical examination of the cervical and lumbar spine showed tenderness and limited motion. Treatment to date has included lumbar fusion, physical therapy, psychotherapy, and medications. The utilization review from 5/30/2014 denied the request for purchase walking cane because of no documentation that patient had osteoarthritis, which would warrant its medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Walking cane - purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Walking aids

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee & Leg Section, was used instead. ODG states that in patients with OA, the use of a cane or walking stick in the hand contralateral to the symptomatic knee reduces the peak knee adduction moment by 10%. Cane use in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biomechanical load experienced by the lower limb. In this case, it was not stated why the cane is being requested. There was also no documentation of any subjective or objective finding that would support the need for the cane. The medical necessity cannot be established due to insufficient information. Therefore, the request for walking cane - purchase is not medically necessary.