

Case Number:	CM14-0188005		
Date Assigned:	11/18/2014	Date of Injury:	02/23/2010
Decision Date:	01/22/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/11/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 56-year old male who sustained an industrial injury on 02/23/10. The note from 06/24/14 was reviewed. He was noted to have lumbar spine pain radiating to bilateral lower extremities. He was using a cane for gait assistance for all distances except for very short distances. On examination he was noted to have a slowed antalgic gait with a hunched posture and was noted to be using a cane for support. He had lumbar spine hypertonicity, spasms and tenderness to palpation over the paraspinal muscles. An MRI of lumbar spine from 2010 showed spondylosis with multiple foraminal stenosis and disc protrusion with central canal and bilateral foraminal stenosis at L5-S1 level. In the note from 10/16/14 he was noted to have increased falls from right leg giving out and hence a cane was requested to prevent falls.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cane Stability with Walking: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg chapter: Walking Aids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Hip and groin disorders, page(s) Online edition. Canes and Crutches subtopic under Devices

Decision rationale: The ACOEM guidelines on hip and groin disorders recommends cane, crutches and walkers when there is either improvement expected and the device is part of a plan to regain better or normal function or the device is essential to achieve the maximum function possible within the limits of fixed defects. The employee had radiculopathy with spinal stenosis. He had a stooped posture and had difficulty walking beyond short distances. The cane has been documented to be helpful in improving the distance he is able to walk and also has been documented to prevent falls due to his right leg giving out. Hence the request for cane is medically necessary and appropriate.