

<b>Case Number:</b>	CM14-0194128		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	07/11/2002
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Osteopathic Family Practice, has a subspecialty 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:

According to the medical records the patient is a 49-year-old female who sustained an industrial injury on July 11, 2002. The patient is status post L5-S1 laminectomy in 2012. The patient was seen on October 23, 2014 at which time she complained of continued pain and weakness in giving out of her left foot. She reported frequency of slipping and falling. Physical examination revealed positive straight leg raise at the left at 60, negative straight leg raise on the right, and decreased plantar flexor strength against resistance. She was diagnosed with sciatica and lumbar herniated nucleus pulposus. The physician noted that based on continued weakness in the left, particularly with pushoff and stance phase activities, the patient requires a contralateral cane and has a significant fall risk when taking a shower. A bath chair is prescribed as well. Utilization review was performed on October 29, 2014 at which time the request for contralateral cane and 3 in 1 bath chair were noncertified. Utilization review noted that the requested items are not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Contralateral Cane:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter

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

**Decision rationale:** The medical records indicate that the patient has a diagnosis of sciatica. She has presented with reports of increased frequency of slipping and falling. She reports weakness and giving out of the left foot. Objective examination has revealed plantar flexor decreased strength against resistance. Given the continued weakness in the leg particularly with push off and stance phase activities, the request for a contralateral cane would be supported and is medically necessary.

**3 in 1 Bath Chair:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter

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

**Decision rationale:** The medical records indicate that the patient has a diagnosis of sciatica. She has presented with reports of increased frequency of slipping and falling. She reports weakness and giving out of the left foot. Objective examination has revealed plantar flexor decreased strength against resistance. Given that the patient is at a risk for falling, the request for 3 in 1 bath chair would be supported and is medically necessary.