

Case Number:	CM15-0011971		
Date Assigned:	01/29/2015	Date of Injury:	09/01/1999
Decision Date:	04/13/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 injured worker is a 56-year-old male who reported an injury on 09/01/1999. The mechanism of injury was the injured worker developed left arm pain while using a scrubber to clean floors. The diagnoses included cervical and lumbar degenerative joint disease and status post anterior cervical discectomy and fusion and low back pain with lumbar sprain and strain. The injured worker's medications included Norco, Soma, Maxalt, promethazine, and Colace. The documentation of 11/25/2014 revealed the injured worker needed a folding cane because he was having difficulty trying to walk due to back and leg weakness. The physical examination revealed motor strength, sensation and deep tendon reflexes were grossly intact in the lower extremities with the exception of 4/5 weakness in the right thigh flexion and great toe extension. There was sensory loss to light touch and pinprick in the right lateral calf and bottom of the foot. The treatment plan included a folding cane for instability complaints regarding back and leg weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Folding Cane for instability complaints: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Knee & Leg, Walking aids (canes, crutches, braces, orthoses and walkers).

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 Chapter, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The Official Disability Guidelines indicate that disability, pain, and age related impairment seem to determine the need for a walking aid. Clinical documentation submitted for review indicated the request was made for leg weakness. The injured worker's motor strength, sensation, and deep tendon reflexes were grossly intact with the exception of 4/5 weakness in the right thigh flexion and great toe extension. The physician failed to document the injured worker had instability upon physical examination. Given the above, the request for folding cane for instability complaints is not medically necessary.