

Case Number:	CM15-0132449		
Date Assigned:	07/17/2015	Date of Injury:	06/11/2009
Decision Date:	08/13/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/07/2015

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

Certification(s)/Specialty: Emergency 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 71 year old male who sustained a work related injury June 11, 2009. Past history included back surgery, 2009, hypertension, diabetes, and hypercholesterolemia. According to the most recent evaluation, an agreed medical examination, dated February 2, 2015, the injured worker presented with constant midline discomfort of the lumbosacral spine without radiation into the lower extremities. He also reports constant numbness involving the entirety of both lower extremities from the waist down. He still has sensation to touch but he doesn't feel his legs, described as clumsy. He still has some degree of urinary incontinence, which he states is related to his diabetes, but improved with medication. Physical examination reveals he is unable to toe walk or heel walk. He is able to squat ¼ the way down and rises from a squatting position with the use of one arm for push off. He is noted to ambulate with a slightly unsteady antalgic gait with the use of his cane. The straight leg raise is positive to 40 degrees bilaterally in the supine position and negative to 90 degrees bilaterally in the sitting position. Diagnoses not provided. At issue, is the request for authorization for one walking cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

One walking cane: Overturned

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

Decision rationale: The requested one walking cane, is medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines (ODG) - Knee, Walking aids (canes, crutches, braces, orthoses, & walkers) note that these devices are recommended with evidence of significant knee osteoarthritis, knee joint instability of other demonstrated ambulatory dysfunction. The injured worker has constant midline discomfort of the lumbosacral spine without radiation into the lower extremities. He also reports constant numbness involving the entirety of both lower extremities from the waist down. He still has sensation to touch but he doesn't feel his legs, described as clumsy. He still has some degree of urinary incontinence, which he states is related to his diabetes, but improved with medication. Physical examination reveals he is unable to toe walk or heel walk. He is able to squat the way down and rises from a squatting position with the use of one arm for push off. He is noted to ambulate with a slightly unsteady antalgic gait with the use of his cane. The treating physician has documented evidence of the above- referenced criteria. The criteria noted above having been met, one walking cane is medically necessary.