

Case Number:	CM15-0140279		
Date Assigned:	07/30/2015	Date of Injury:	06/29/2012
Decision Date:	09/02/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 40-year-old who has filed a claim for chronic shoulder, knee, and mid back pain with derivative complaints of depression reportedly associated with an industrial injury of June 29, 2012. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve a request for a cane. The claims administrator referenced a June 24, 2015 RFA form and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. In an August 3, 2015 progress note, the applicant reported ongoing complaints of knee pain reportedly attributed to knee arthritis. The applicant was still using a cane to move about on the grounds that his knee gave out from time to time. The applicant had known issues with knee degenerative joint disease and knee chondromalacia status post two prior knee arthroscopy procedures, it was noted. Viscosupplementation injection therapy was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) cane: 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 & Leg - Walking aids (canes, crutches, braces, orthoses, & walkers).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 640.

Decision rationale: Yes, the request for a cane was medically necessary, medically appropriate, and indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices are not recommended if an applicant's functional mobility deficits can be sufficiently resolved through usage of a cane, walker, or a manual wheelchair. Here, a progress note of August 3, 2015 did suggest that the applicant was having issues with knee instability with his left knee giving out from time to time. The Third Edition ACOEM Guidelines Knee Chapter also notes that canes are recommended in the treatment of chronic knee pain when the device is used to advance the applicant's activity level. Here, the attending provider did posit that usage of the cane was intended to facilitate the applicant's ambulating. Given the applicant's issues with and/or allegations of his knee giving way, provision of a cane was indicated, appropriate, and in-line with both page 99 of the MTUS Chronic Pain Medical Treatment Guidelines and with page 640 of the Third Edition ACOEM Practice Guidelines Knee Chapter. Therefore, the request was medically necessary.