

Case Number:	CM15-0161906		
Date Assigned:	08/27/2015	Date of Injury:	07/13/2009
Decision Date:	09/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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 57 year old female who sustained an injury on 7-13-09. Diagnoses have included Cervical Radiculitis; Chronic pain other; Lumbar Radiculopathy; Right Carpal tunnel syndrome; bilateral elbow pain; Left shoulder pain; Osteoarthritis of the left shoulder; Left sided shoulder bursitis; carpal tunnel syndrome right; Intractable periscapular pain; rule out right tennis elbow and bilateral lower extremity varicose veins associated with long history of driving a bus. Diagnostic tests included MRI left scapula, cervical spine, left upper extremity, left shoulder; lumbar spine; and right shoulder; Electromyography Nerve Conduction studies bilateral lower extremities 9/1/14; Insomnia Severity Index (ISI) on 3-10-15; Oswestry Disability Index; and Neck Disability index. In the most current progress report from 6/3/15 the IW has low back pain that radiates down the right lower extremity and is aggravated by activity and walking. There is lower extremity pain in the right foot and leg. The pain is rated as 7 out of 10 with medications and 7 out of 10 without medications and is reported as worsened since her last visit. The IW reports that her activities include ability to attend church, bathing, brushing teeth, caring for pet, coming, washing hair, cooking, doing hobbies, doing laundry, dressing, driving, mood, shopping, sitting, sleeping, standing, talking on the phone and tying shoes. The current medication protocol is helpful. It is noted that Hydrocodone was not effective this month so a change to Percocet was made. Cortisone shot to right ankle was done on 4-9-15 and since then pain flare continues. A physical examination of the lower extremity notes tenderness on palpation at the right ankle, mild swelling and evidence of varicose veins bilateral lower extremities. The plan is to have the IW continue on going home exercise program. The IW is

currently not working. Medications are Lidoderm 5% patch, Tizanidine 4 mg, Gabapentin and Percocet. Current requested treatments: Purchase of a one prong cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a one prong 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) Ankle: Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, walking aids like canes are recommended if it may aid in ambulation in patient's condition. Patient has noted ankle pain and analgesic. A cane may be useful and is medically necessary.